University of Alberta

Claims-Making in the False Memory Debate

by

Theresa Joan Krebs ©

A thesis submitted to the Faculty of Graduate Studies
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for the degree of **Master of Arts**.

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled **Claims-Making in the False Memory Debate** submitted by **Theresa Joan Krebs** in partial fulfillment of the requirements for the degree of **Master of Arts**.

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Abstract

This masters thesis examines the social construction of the current debate about false memories. Specifically, this thesis argues that one organization, the False Memory Syndrome Foundation (FMSF), applies scientific findings from memory for neutral events to memory for trauma to support its claims that therapists are implanting false memories of childhood sexual abuse in adult clients. Within the theoretical perspective of the sociology of scientific knowledge and using discourse analysis as method, this study examines the implications of claims made by the Foundation and demonstrates how the claims made by the organization impact the scientific study of memory, legal cases, and therapeutic practice.

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Chapter One

1.1 Introduction

Recently, the Executive Director of the False Memory Syndrome Foundation (Pamela Freyd, Ph.D.) noted that the success of the Foundation "can be seen in the gradual institutionalization of this information [about false memory syndrome] in psychology text books, in reference works, in novels, in television dramas, and in hundreds of scholarly papers" (P. Freyd, 1996: 3). Indeed, the process of institutionalizing false memory syndrome has had tremendous impact on the scientific study of memory for trauma, legal outcomes, and clinical therapeutic practice.

Since 1992, the Foundation has fuelled heated scientific controversy regarding adult memories of childhood sexual abuse. Founding figure Pamela Freyd, who is guided by an impressive array of professionals on the Foundation's Scientific and Professional Advisory Board (FMSF, 1997a), claims that therapists are suggesting to their adult patients histories of childhood sexual abuse that never occurred but in which the patients come to believe.

The Foundation claims that one consequence of patients' beliefs in memories of childhood sexual abuse created by therapists' suggestions is that adult children break off contact with their families of origin. The Foundation also claims that often therapists advise their patients to sue as part of the therapeutic process. The underlying basis of the Foundation's argument is that it claims that

scientific studies have failed to provide support for the theory of repression.[1] Consequently, therapists who subscribe to this theory and (during the process of therapy) encourage adult patients to remember are engaging in therapeutic malpractice. It appears, therefore, that the Foundation discredits the occurrence of childhood sexual abuse in the past by creating a debate about memory that, in turn, blames therapists for creating false memory syndrome in their patients.

The Foundation influences public perception regarding the scientific nature of its claims in three ways. It publishes monthly newsletters, organizes conferences that confer upon the Foundation an aura of scientific credibility, and files *amicus curiae*[2] briefs with various levels of law courts. Generally, the

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[1]The first public statements regarding the impact on adults of childhood-experienced sexual trauma occurred during the late 1800s when Sigmund Freud investigated the possible reality of adult memories of childhood sexual trauma with his seduction theory. He postulated that the frightening scenes or experiences of childhood can affect the entire later life of an adult. Indeed, based on clinical evidence, Freud theorized that traumatic childhood events (such as sexual assaults) caused gaps in memory. Consequently, what remained of the trauma appeared as symptoms in a psychosis. Hence, Freud held that patients tended to remain fixated on the past trauma--the original scene or experience became symbolized in the symptoms. Moreover, these symptoms were signposts of repressed memory, pointing to an earlier, original reality (Masson, 1984). Masson provides a thorough review of the political dimensions of Freud's reversal from the seduction to the oedipal theories. Following Freud's theoretical reversal from the seduction to the oedipal theory of sexual abuse in the late 1800s, therapists minimized, disbelieved, and/or foreclosed discussion about sexual abuse.

[2]Persons who file *amicus curiae* do so as supposedly impartial advisers to a court of law. A brief is a legal mechanism through which third parties can inform courts about what kind of evidence should be admissible in a specific case. In colloquial terms, *amicus curiae* means friend of the court. Essentially, a friend of the court is concerned about the judicial process rather than the guilt or innocence of a specific individual.

newsletters contain summaries or extracts of scientific research findings that support the Foundation's position. They also include excerpts of letters from members who claim to have been falsely accused. More recently, the newsletters have included excerpts of letters from families who have been reunited following the retraction of accusations based on false memories. Occasionally, newsletters contain mail-in survey questionnaires from which the Foundation compiles statistics that document (according to the organization) the widespread nature of false memory syndrome. The newsletters also devote portions of each monthly issue to criticisms of scientific studies (usually on methodological grounds) that appear to undermine its claims.

Since 1993, the Foundation's conferences have lent credence to its claims with a panel of prestigious speakers who have presented research findings that support the position of the Foundation. These conferences and attendant speakers also appear to refute (on scientific, legal, and therapeutic grounds) any research that contradicts, questions, or undermines the Foundation's claims. The conferences, however, have not been without controversy. The Foundation often criticizes scientists who refuse invitations to participate as either close-minded or inhibiting the scientific enterprise of sharing and building knowledge regarding repression and the effects of therapeutic suggestion on the creation of false memories. Scientists' refusal to participate, however, may result from a lack of agreement on scientific grounds, including disagreement regarding the Foundation's application of research findings from laboratory studies of neutral events to clinical studies of trauma events (FMSF,

1993b: 5; 1994c: 3).

The process of institutionalizing false memory syndrome into the current lexicon has been fraught with controversy that has resulted in entire issues of journals in mental health and law devoted to the debate about false memories.[3] Freyd, however, neglected to mention the important role that the Foundation has played in institutionalizing false memory syndrome into current discourse. Not surprisingly, therefore, her silence in this regard failed to highlight how aggressively the Foundation has acted upon the dissemination (and blockage) of scientific findings concerning adult memory for childhood trauma.

Recently, for example, the Foundation was successful in blocking the publication of a jointly written book about the convergence of memory science and therapy in courts of law (Brown, 1996).[4] Essentially, the authors argued how false memory syndrome must remain speculative because it is unsupported by the science upon which the Foundation bases its claims (Scheflin and Brown, 1996). The Foundation, however, could not afford to have such a publication released because, since 1995, the group has filed numerous *amicus curiae*

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[3]The debate about false memories has not been limited to the mental health and legal journals. Both the print and televised news media have devoted considerable coverage to the controversy. See, for example: Crews, 1994a, 1994b; Goleman, 1992; Taylor, 1992; Toufexis, 1991;.

[4]I attended a seminar at which one of the authors, Daniel Brown--who is a psychologist at Harvard Medical School--stated that the publisher "leaked" the manuscript and Foundation lawyers read it. When the Foundation threatened the publishing company with litigation, the company refused to publish the book. Currently, the book is in print with another publishing house that "will remain secret until its imminent release" (Brown, 1996).

briefs with different levels of law courts in the United States.[5] Indeed, a survey of members on the Professional and Scientific Advisory Board for the Foundation reveals a general consensus that resolution to the debate "may hinge on courtroom developments" (FMSF, 1997a). The controversy surrounding adult memories of childhood sexual abuse has had profound impact on the scientific study of adult memory for childhood trauma, legal outcomes, and clinical therapeutic practice. Clearly, the scientific nature of the claims made by the False Memory Syndrome Foundation demand sociological analysis.

1.2 Scope of the Thesis

Since its formal organization, the False Memory Syndrome Foundation has influenced scientific research on memory, legal outcomes, and clinical therapeutic practice. This thesis argues that the Foundation applies scientific findings from memory for neutral events to adult memory of childhood trauma. It does so to provide supposedly scientific support for its claim that therapists are implanting false memories of child sexual abuse in adult clients. Within the theoretical perspective of the sociology of scientific knowledge and using discourse analysis as method, this study examines the implications of claims made by the FMSF on the scientific study of memory, legal outcomes, and therapy.

Sociologically, the false memory debate highlights the organizational

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[5]The first brief reviewed the scientific literature with respect to the reliability of repressed memories (FMSF, 1995b: 12).

aspects of claims-making. Competing claims in the discourse of the false memory debate provide an opportunity to consider questions that can be useful in evaluating purported scientific discoveries, evidence, and conclusions (Pope, 1996). Hence, the practical importance of researching the memory debate extends beyond an academic project that merely notes the organizational aspects of claims-making in the discourse.

1.3 Theory

The sociology of scientific knowledge demonstrates that the practice of science contains "social-theoretical entities, such as 'interests'" (Shapin, 1995: 292) that an organization such as the False Memory Syndrome Foundation can promote. The social study of science as it relates to scientific claims and counter-claims involved in the false memory controversy also highlights that scientists engaged in the debate struggle for control over interpretative rights. These interpretative rights concern the application of scientific findings both to clinical psychotherapeutic practice and to patients' internal cognitions, as well as to legal proceedings.

The sociology of scientific knowledge also demonstrates that securing "credibility for scientific claims [is] a thoroughly social and political process" (Shapin, 1995: 301). With the understanding that social and political influences act upon science, scientific knowledge production no longer is independent of the socio-political context and its epistemological contributions or influence. In this sense, scientific knowledge becomes "socially marked ideology" (Shapin,

1995: 300) comprised of both the intellectual products of scientist communities as well as the interests of individuals or organizations. The utility of this theoretical framework lies in the recognition and acknowledgement that social influences operate from both inside and outside sites of epistemic production. Foundation Board members, for example, who already are members of scientist communities can shape research from inside science. An organization like the Foundation can help shape the direction that research about memory takes from outside scientific bodies. Hence, the sociology of scientific knowledge deconstructs the notion of disembodied scientific knowledge by demonstrating how various individuals affiliated with and in opposition to the Foundation construct and utilize scientific knowledge claims to serve their particular social purposes. This deconstruction of disembodied scientific knowledge illustrates how the False Memory Syndrome Foundation influences epistemological production.

1.4 Research Method

Discourse analysis affords a method with which to appraise critically the manner in which the Foundation utilizes scientific research in order to construct claims that appear as factual (Potter and Wetherell, 1987, 1994; Wetherell and Potter, 1992). Following Gilbert and Mulkay (1984), Potter and Wetherell define discourse in its most open sense to include all forms of formal and informal spoken interaction as well as written texts of all kinds. Discourse analysis examines the action orientation of spoken and written language to influence social perceptions and thus demonstrates how discourse "construct[s] and

create[s] social interaction and diverse social worlds" (Potter and Wetherell, 1987: 1). This construction process, however, is not unidirectional. Similarly, discourse analysis also reveals how social interaction and social worlds construct and create discourse. Furthermore, it shows how discourse influences social interactions and the construction and interpretation of social worlds in a dialectical relationship.

Discourse analysts attend to language in their study of "social texts of all kinds; that is, the conversations, newspaper stories, novels and soap operas which are a central and inescapable part of everyday life" (Potter and Wetherell, 1987: 1). Indeed, this study of the false memory debate follows Potter and Wetherell and uses the terms 'texts,' 'accounts,' 'claims,' and 'counterclaims' similarly in that broad sense. I examine, therefore, several forms of written accounts to analyze claims and counterclaims--from both primary and secondary sources. Primary sources include the literature from the False Memory Syndrome Foundation, articles from experimental psychology, mental health and legal journals, and other texts written by debate participants. Secondary sources include print and televised media accounts that describe the debate, as well as other accounts of accounts (i.e., commentaries and analyses by individuals not involved directly).

In application to this study of the false memory debate, discourse analysis is significant for three reasons and reveals how I approach the analysis of data from my sources. First is the "importance of examining context" (Potter and Wetherell, 1987: 55). I will analyze, therefore, the nature and production of

participants' accounts as they occur in time (Potter and Wetherell, 1987: 80). Analyzing claims (and counterclaims) in participants' accounts chronologically highlights "both the detailed organization of accounts and their position in particular ongoing sequences of discourse" (Potter and Wetherell, 1987: 80). Early in the debate, for example, adherents to the false memory position often contrasted quantitative studies to case studies, claiming that these "vague," "anecdotal," "unsubstantiated," or "uncorroborated" accounts do not constitute scientific evidence (e.g., FMSF, 1992b: 2; FMSF, 1992c: 2). Later, however, the Foundation changed its focus from quantification to questioning study findings on methodological grounds.

Second, variability among texts highlights that participants construct their accounts to do different things (Potter and Wetherell, 1994: 48). Hence, I attend to how participants in the debate about false memories construct their claims and counterclaims to achieve different social outcomes. It is important, therefore, to attend to variability across accounts. The availability, for example, of radically competing claims and counterclaims about memory for trauma, the incidence of repression as a scientifically documented phenomenon, and, most importantly, the interpretation and application of scientific findings in legal cases provide a "central analytic heuristic" (Potter and Wetherell, 1994: 51) for coding the data. The coding of variability between the participants' accounts in the false memory debate provides the researcher with a greater understanding of the detailed and delicate organization of claims and counterclaims. In addition, an understanding of this organization "clarifies the action orientation of [text] and its involvement in

acts such as blaming and disclaiming" (Potter and Wetherell, 1987: 54). Hence, analyzing discourse as a "social practice reveals answers to social or sociological questions (Potter and Wetherell, 1994: 48).

Additionally, comparing variability within and between accounts provides access to presence and absence (or silence). Equally important, therefore, is who is (or is not) citing whom. The newsletters produced by the Foundation, for example, highlight the necessity of attending to presence (inclusion) and absence (exclusion). Often the newsletters contain summaries of scientific studies that it claims demonstrate the role of suggestion in creating false memories--ignoring the inapplicability of these research findings to support its claims. The newsletters, however, criticize on methodological grounds study findings that document repression or the conditions necessary before a changed report (false memory) will occur. Most importantly, however, the Foundation is silent about some important findings that undermine its position (e.g., Butler, 1995; J. Freyd, 1996; Pope, 1996).

Third, "the discourse approach shifts the focus from a search for underlying entities--attitudes--[that] generate talk and behaviour to a detailed examination of how [participants produce] evaluative expressions" in their discourse (Potter and Wetherell, 1987: 55). It is concerned, therefore, with the rhetorical organization and the argumentative nature of competing claims. The utility of analyzing rhetorical organization highlights the way participants design their accounts within the discourse "to counter real or potential alternatives.... [I]t takes the focus of analysis away from questions of how a version relates to some

putative reality" to ask instead how participants successfully craft versions to compete with alternatives (Potter and Wetherell, 1994: 48). Moreover, this analytic task reveals how participants use language to construct their claims, and more importantly, what the social consequences are of different types of constructed claims (Potter and Wetherell, 1987: 55). Indeed, as this thesis demonstrates, the claims made by the Foundation have had profound consequences on the scientific study of memory, courts of law, and clinical therapeutic practice. Hence, I concentrate on the detailed procedures that participants involved in the debate employ to construct accounts that appear factual. The style of this work is similar to the concerns of "conversation analysts with the interactional use of members' devices and to rhetoricians' concern with the 'witcraft'" through which participants in the false memory debate make their claims persuasive (Potter and Wetherell, 1994: 49).

1.5 The False Memory Syndrome Foundation

1.5.1 Early Beginnings: False Accusations

An early newsletter published by the False Memory Syndrome Foundation claimed that the organization:

> was formally organized in March, 1992 by a group of professionals and parents in order to document the scope and to understand what appeared to be a growing phenomenon of parents telling professionals that they had been falsely accused of abuse and then cut off by their adult children on the basis of memories that were supposedly repressed and then

recovered using [therapeutic] techniques that are questionable by scientific standards (FMSF, 1992b: 2-3).

In this formal portrayal of the beginnings of the FMSF, founding figure and Executive Director of the Foundation, Pamela Freyd, omitted mention of several important details that provided the impetus for the organization of the Foundation. Ommission of these details about the Foundation's origins belies the claim of the Foundation as a scientific organization.

In 1990, the Freyd's adult daughter, Dr. Jennifer Freyd (who is Professor of Psychology at the University of Oregon), apparently began remembering her father's, (who is Peter Freyd, Ph.D.) violations of her sexual boundaries from her own childhood (Doe [P. Freyd], 1991; J. Freyd, 1993, 1996; Fried, 1994;). Jennifer's memories, however, became a matter for public scrutiny. In 1991, Pamela Freyd, who is the mother, published an anonymous open testimony under the pseudonym, Jane Doe, in the Ralph Underwager/Hollida Wakefield publication, *Issues in Child Abuse Accusations*. In addition to describing "the effects of a false accusation of childhood sexual abuse" (Doe [P. Freyd], 1991: 154), Pamela Freyd claimed that the therapist whom Jennifer had been seeing had "elicited 'repressed memories'" (Doe [P. Freyd], 1991: 154). Moreover, Pamela Freyd claimed that the therapy "was based on the premise that half of the victims of childhood sexual abuse have no conscious memory of the abuse, and therefore the therapist must help the patient uncover these memories" (Doe [P. Freyd], 1991: 154). Without having spoken with the clinician who had been counselling Jennifer, Freyd blamed Jennifer's therapist for eliciting false

recollections.

Perhaps it seemed insufficient to Pamela Freyd to have the article only in print. During the summer and fall of 1991, Pamela Freyd sent copies of the Doe article to some of Jennifer Freyd's departmental colleagues: "indeed to full professors in my own [Jennifer's] department during the very year in which my promotion to full professorship was being considered" (J. Freyd, 1993: 24). With each Doe article that she sent to Jennifer's colleagues, Pamela Freyd made explicit her relationship to Jennifer Freyd (J. Freyd, 1993: 24).

At the same time that Pamela Freyd was sending copies of the Doe article to Jennifer's colleagues, the Freyd parents also were speaking to their friends about Jennifer falsely accusing Peter Freyd. One among the Freyd parents' friends included nationally syndicated columnist Darrell Sifford of the *Philadelphia Inquirer*. Until his death in 1992, Sifford was a close friend of the Freyd parents. In the first of many popular media articles that the press would devote to the subject of what had yet to become known as false memory syndrome, Sifford repeated the claims made by the Freyd parents (Sifford, 1991: 11-12) to the reading public. Although the Freyds still are anonymous in Sifford's articles, he repeats their claims about therapist suggestion resulting in false accusations of childhood sexual abuse.

Sifford's first article received strong public reaction that is worth reproducing:

> After the [first] column appeared in newspapers around the country, I received a response that was larger and more passionate than anything

> that's come to me in more than a decade. About 25 percent of the response was negative and outraged--from people who felt that I and those I interviewed didn't believe that sexual abuse ever happened. About 75 percent was positive and appreciative--from parents and family members who said they had been falsely accused (Sifford, 1992: D6).

The article also quoted two professionals who lent credence to the Freyd parents' claim about therapist suggestion.

Following Sifford's column, Philadelphia psychiatrist Harold Lief (who also is a friend to the Freyds) reportedly received "twenty three phone calls" and "dozens and dozens of calls and letters" from parents similarly falsely accused by their adult children. Lief said that as a result of what he called "an unfortunate action by some therapists," families are being destroyed (Sifford, 1992: D6). Another prominent friend of the Freyd parents, psychologist Ralph Underwager, has been Director of the Institute of Psychological Therapies in Northfield, Minnesota since 1974. About three women who claimed to have remembered childhood sexual abuse after many years with the help of therapy, Underwager stated that they were "victims not of parents but of misguided, mistaken mental-health professionals" (Sifford, 1992: D6). A sidebar to this second article listed the toll-free telephone line at Underwager's Institute for Psychological Therapies for parents who had been falsely accused of sexual abuse (Sifford, 1992: D6; see also, FMSF, 1992b: 3).[6]

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[6]Underwager has testified for the defense in child sex abuse cases (Hechler, 1988: 253) and has been an advisor to VOCAL (Victims of Child

One year following the organization of the Foundation, Jennifer Freyd stated publicly at a professional conference: "[m]y parents have severely violated my privacy. They use the Foundation in a personal way" (J. Freyd, 1993: 24; see also, J. Freyd, 1995; J. Freyd, 1996). Indeed, the Freyd parents' violations of Jennifer's private and professional boundaries warrant her statement. This private (family) dispute and the personal alliances among accused and professionals provide the context for the early beginnings of the False Memory Syndrome Foundation. Moreover, the strong public reaction to Sifford's articles provided a signal that perhaps the public would receive well a formal organization of parents and professionals to counter false accusations on scientific grounds. Certainly, the constituency was there--all it required was

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Abuse Laws). VOCAL formed on October 19, 1984 following the acquittal of a group of people falsely accused of abusing children in Jordan, Minnesota (Hechler, 1988: 118). A study of one of Underwager and Wakefield's publications (1988) revealed hundreds of substantive and bibliographic errors (Salter, 1991). Underwager is one of the professionals to whom the Freyds spoke following Jennifer's disclosure of remembered incest. He was one of the founding members of the FMSF and served on the Professional and Scientific Advisory Board for one year. Underwager resigned from the Foundation following criticisms that the FMSF was harboring perpetrators and pedophiles. The basis for these criticisms arose from the publication of Underwager and (his wife and colleague) Hollida Wakefield's interview with the Dutch journal *Paidika, The Journal of Paedophilia*. In that interview, Underwager defended paedophilia as having the potential to result in "good, healthy, positive relationships between men and boys" and that paedophiles "should directly attack the concept, the image, the picture of the paedophile as an evil, wicked, and reprehensible exploiter of children" (Wakefield and Underwager, 1993: 6). Yet, in response to questions from the media about Underwager's resignation, the Foundation stated: "We suspect that this is yet one more effort to discredit FMSF, like calling FMSF an organization for perpetrators, satanists, anti-feminist, aligned with pornography industry or supported by insurance companies and who knows what else" (FMSF, 1993b: 6).

organization and leadership.

1.5.2 The Formal Organization

Shortly thereafter, a group of similarly accused parents and several professionals[7] formulated the malady called false memory syndrome to explain what they saw as behaviour changes in adult children alleging childhood sexual abuse. Formed in March, 1992 at Philadelphia, Pennsylvania, the United States Internal Revenue Service granted the False Memory Syndrome Foundation a non-profit 501 (c)(3) tax-exempt status as a charitable organization funded largely by members' dues and contributions (FMSF, 1992b: 3). In addition to monetary contributions ranging from $1,000 to $25,000 by donors, members of the FMSF "have changed their wills so that the Foundation would receive money from their estates" (FMSF, 1992b: 3). Dr. Pamela Freyd, who is a professor of education at the University of Pennsylvania, serves as the executive director of the organization that currently has forty eight members on its Scientific and

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[7]Founding members of the False Memory Syndrome Foundation Professional and Scientific Advisory Board include Dr. Harold Lief, a psychiatrist emeritus at Pennsylvania Hospital. Lief treated both Pamela and Peter during the worst of Peter's alcoholism in the early 1980s. Dr. Martin Orne, who is a psychiatrist at the Institute of Philadelphia Hospital in West Philadelphia has devoted much of his career to proving that memory does not work like a videotape recording. His research on hypnotic suggestibility is the reason courts of law prohibit hypnotically enhanced testimony. Psychologists Ralph Underwager and Hollida Wakefield published the Jane Doe article in their journal and provided the original toll-free telephone line from the Institute for Psychological Therapies. Underwager is well-known for his skepticism regarding the scope of child abuse (Fried, 1994: 70; see also, Wakefield and Underwager, 1994 [1995]).

Professional Advisory Board (FMSF, 1997a).[8]

> According to the Foundation, the problem of false memory stems from: grown children [who while] undergoing therapeutic programs have come to believe that they suffer from 'repressed memories' of incest and sexual abuse. While some reports of incest and sexual abuse are surely true, these decade-delayed memories are too often the result of False Memory Syndrome caused by a disastrous 'therapeutic' program. False Memory Syndrome has a devastating effect on the victim and typically produces a continuing dependence on the very program that creates the syndrome. False Memory Syndrome proceeds to destroy the psychological well-being of not only the primary victim but--through false accusations of incest and sexual abuse--of other members of the primary victim's family (FMSF, 1997b: 1).

The Foundation identified therapy as the source of false memory syndrome. The media exploded with stories about this new 'disease.'

Professionals and organizations that worked with survivors of sexual trauma were alarmed that "decades of work by the anti-sexual violence movement [was] being threatened" (Rawlings, 1993: 1). Consequently, anti-

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[8]Peter Freyd, who is a mathematician at the University of Pennsylvania, occupies an unofficial position with the Foundation. He feels that his having been accused, as well as public knowledge regading his alcoholism, would detract from the organization's main agenda. (Fried, 1994: 154; see also, FMSF, 1992b: 4). Indeed, in an interview with Stephen Fried, Jennifer Freyd stated that she was "flabbergasted that my memory is considered 'false' and my alcoholic father's is considered rational and sane" (Fried, 1994: 71).

sexual assault networks began formulating ways to counter the claims made by the FMSF that had begun appearing in the media. Kathryn Geller, for example, who is a communications specialist with the Pennsylania Coalition Against Rape, sent a memo to Sexual Assault Centers across the United States. In the memo, Geller outlined strategies to "demand equal time in the press" (Geller, 1993). Among strategies to counter press coverage of false memory syndrome, Geller suggested writing letters to editors, soliciting newspapers to print stories about surviving incest, and encouraging professionals to provide information that supports repressed memories to the press (Geller, 1993). By creating this social noise, the Foundation had diverted social and scientific attention away from under-reported and untreated child sexual abuse toward false memories created in therapeutic contexts (Armstrong, 1994: 238-243). Moreover, the debate started even before the Foundation had a formal definition for what it was calling false memory syndrome.

1.6 Defining False Memory Syndrome

During the year following its organization, critics began demanding that the Foundation define false memory syndrome. These demands testify to rising public awareness of the term associated with increasing media coverage of the Freyd parents' claims. Rather than admitting to this shortcoming, in what would become characteristic of the rhetorical style with which the Foundation deflects criticism, Pamela Freyd used the opportunity to criticize therapists (FMSF, 1993d: 2). She leveled her criticism against a standard therapeutic guide that

examined the dynamics of incest and processes of healing from its effects by ridiculing diagnostic checklists contained therein (Courtois, 1988 [1996]: 42-44).

Subsequently, Dr. John F. Kihlstrom, a professor of psychology at Yale University and one-time FMSF Scientific and Professional and Advisory Board member (FMSF, 1995) defined false memory syndrome as:

> a condition in which a person's identity and interpersonal relationships are centered around a memory of traumatic experience which is objectively false but in which the person strongly believes. Note that the syndrome is not characterized by false memories as such. We all have memories that are inaccurate. Rather, the syndrome may be diagnosed when the memory is so deeply engrained that it orients the individual's entire personality and lifestyle, in turn disrupting all sorts of other adaptive behaviours. The analogy to personality disorder is intentional. False Memory Syndrome is especially destructive because the person assiduously avoids confrontation with any evidence that might challenge the memory. Thus it takes on a life of its own, encapsulated, and resistant to correction. The person may become so focused on the memory that he or she may be effectively distracted from coping with the real problems in his or her life (Kihlstrom, 1995: 1).

Despite having criticized therapist diagnostic checklists, two years later the Foundation developed a list of "symptoms of false memory syndrome" similar to diagnostic checklists used by therapists--and which the Foundation had ridiculed. Some of the symptoms include emotional and psychological distress;

precipitating events such as job loss or change, divorce, eating disorders, relationship problems, or birth or death in the family; radically changed behavior; claims of repressed memory syndrome; redefining personal history; assuming a new identity; and breaking off contact with people who do not believe abuse happened (FMSF, 1995a: 3).

1.7 The False Memory Debate

The Freyd parents subscribe to the theory that too many "healthy families are being destroyed by ill-trained therapists who are too quick to believe recollections of childhood sexual abuse, especially those based on 'repressed memories actively sought during treatment'" (Fried, 1994: 68). The Foundation claims therapists are suggesting histories of abuse to clients who uncritically accept them. Additionally, it claims that therapists too willingly believe without external corroboration their adult clients' memories of childhood sexual abuse. Furthermore, it argues that in conjunction with suggested histories of abuse and memory recovery techniques such as guided imagery, dream work, hypnosis, and journal writing, clients come to believe in false memories of childhood sexual abuse--even when childhood sexual abuse did not happen. Finally, the Foundation claims that false memory syndrome provides an alternative explanation for repression (i.e., delayed memories of childhood sexual abuse).

Critics counterclaim, however, that the Foundation overstates and oversimplifies the issue (D. Brown, 1995b: 64). Rather than charging that a "few incompetent therapists [are] using poor techniques to generate disastrous results

with highly suggestible clients, [t]hey [the FMSF] see an epidemic" (Butler, 1995: 34).[9] Critics also point to both the lack of scientific evidence for a false memory syndrome and the lack of significant numbers of instances of verifiably false therapy-induced memories of childhood sexual abuse (D. Brown, 1995a, 1995b; Pope, 1996).

One year following its formal organization, however, the Foundation reported that "[r]esearch has shown over and over again how suggestible humans can be" (FMSF, 1993b: 2). Indeed, the Foundation claims that it "first is a research organization that is documenting the extent of this phenomenon [false memory syndrome]" (FMSF, 1993d: 7). Toward this goal, the Foundation has selected from among scientific studies of memory those that support its constructed claims. It has courted a close relationship with the media who has accepted its claims without critical examination and has repeated them to the public (Stanton, 1997). Critics claim that in the process of being accused, the Freyd parents have founded a scientific research organization, invented a scientific sounding syndrome (Rawlings, 1993: 6; Stanton, 1997: 46), and redefined the scientific basis of memory for trauma (Butler, 1995; Fried, 1994).

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[9]For an example of incompetent therapy creating disastrous results see, Mithers, 1994; for a general exposé of the discipline of psychology see, Dineen, 1996.

1.8 Organization of the Thesis

Chapter two examines the scientific claims and disclaimers about memory for childhood sexual abuse made by the Foundation. A central feature of the claims in the debate among scientists concerns the rhetoric of quantification as a constructive process. Specifically, this chapter demonstrates how the Foundation and its adherents use quantification in the manufacture of factual accounts in order to construct the versions of social reality that appear objectively neutral. Supported by critical literature, this chapter also deconstructs the scientific basis for claims made by the FMSF that therapists and recovered memory therapy can implant false memories.

Chapter three studies two significant developments that extend the debate about false memories into the legal arena. First, the Foundation began including a legal section in its newsletters. Second, the landmark lawsuit *Ramona v. Isabella* came to trial in California in which a father claims negligent infliction of emotional distress against his adult daughter's therapist. I discuss the implications for therapeutic practice and law that accompanies the increased threat of third-party lawsuits from those claiming to be falsely accused.

Chapter four explores two images of therapists that arise out of popular reader-accessible literature about the false memory debate. These images are of either 'deluded therapists' or therapists who are 'perpetrators and abusers.' Then I examine the responses from the therapeutic community.

The concluding chapter (chapter five) summarizes findings and discusses theoretical and methodological considerations with respect to this thesis. I also

explore the themes that emerged from my data analysis but went beyond the scope of my analysis. These themes underscore directions for future research.

Chapter Two

2.1 Constructing Scientific Claims

The False Memory Syndrome Foundation relies upon its self-constructed image as a research organization in order to assert interpretative control over its scientific claims. The constructed nature of the Foundation and its claims (Wetherell and Potter, 1994: 48) implies that the organization actively selects and rejects among available scientific resources (Potter and Wetherell, 1987: 33-34) to support its position. This active selection and rejection of scientific resources, therefore, highlights that what the Foundation includes is equally as important as what it excludes (Potter and Wetherell, 1987: 28) in the construction of the debate about false memory. Comparing variability across primary sources provides access to these presences (inclusions) and absences (exclusions) in the construction process of the false memory debate.

Moreover, variability highlights that the Foundation, like scientists, can describe the same phenomenon in a number of different ways (Potter and Wetherell, 1987: 35). Attending to variability also draws attention to the Foundation's use of rhetoric in its interpretation of and application of scientific findings. I overcome the difficulty in distinguishing between "literal or accurate" representations and those that are "rhetorical or merely misguided" (Potter and Wetherell, 1987: 35) by reading the findings of the published scientific studies that the Foundation includes in and excludes from its claims. Reading (firsthand) these studies acts a lever to reveal the rhetorically constructed nature of the claims made by the Foundation (Wetherell and Potter, 1994: 48).

2.2 The Claims

Essentially, the False Memory Syndrome Foundation makes three claims that challenge the scientific study of memory for childhood trauma. The first concerns the psychoanalytic concept of repression.[10] The Foundation claims that memory scientists (both clinical and laboratory)[11] have failed to document scientific support for the concept. Secondly, the Foundation claims that lack of laboratory evidence for repression implies that clinical memory scientists and therapists operate on the basis of belief rather than within the bounds of

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[10]Repression contains two definitional aspects--conscious intentionality and unconscious defensiveness. On the one hand, a narrow definition encompasses consciousness as the "intentional suppression of an experience" (Schacter, 1996: 255). On the other hand, a broad definition includes unconsciousness with a mechanism that defensively "block[s] out traumatic experiences" (Schacter, 1996: 255). Generally, clinical memory scientists and therapists portray repression as a "protective device used by the brain to fend off the emotional ravages of experiences that are simply too overwhelming to be borne by the conscious mind," implying that the brain activates the repression mechanism without conscious awareness--i.e., unconsciously (Schacter, 1996: 255). Implicit to most clinical literature on traumatic memory is the assumption that repression exists as a phenomenon. Hence, this literature utilizes clinical evidence from case studies to theorize about possible causes of repression and/or its effects. (See also Frederickson, 1992; J. Freyd, 1993, 1996; Herman, 1992; and Terr, 1994 for slight definitional variations but with a shared assumption that the phenomenon exists).

[11]The term 'clinical memory scientist(s)' distinguishes between therapists as scientists and therapists who are not scientists. In addition to treating patients, clinical memory scientists also adhere to the principles of their professional associations. One of those principles includes advancing scientific knowledge. Consequently, clinical memory scientists report clinically conducted research in professional journals. A second distinction in terminology concerns laboratory memory scientists who do not treat patients therapeutically--they generally conduct controlled studies in the laboratory. Similar to clinical memory scientists' endeavors to advance knowledge, laboratory memory scientists also publish their research findings.

scientific fact (Yapko, 1994). Inherent to this claim is that clinical memory scientists and therapists who believe in the concept of repression suggest to their adult patients histories of childhood sexual abuse. The third claim involves the combination of suggestion and memory recovery techniques that therapists use in the therapeutic context--the result of which is false memory syndrome. According to the Foundation, therefore, therapists' belief in the concept of repression in conjunction with clinical suggestion and memory recovery techniques must be examined according to scientific standards (FMSF, 1992a: 2-3).

In keeping with its appeal to scientific standards, the Foundation claims to document the prevalence of false memory syndrome. Researchers examining the organization, therefore, must analyze carefully both the methodology and the data that it uses to produce its documentation. Moreover, we need to consider carefully whether the data supports the Foundation's claims about the creation of false memory syndrome and its widespread nature.

2.3 The Rhetoric of Quantification

2.3.1 Documenting False Accusations

The mandate of the False Memory Syndrome Foundation is "to document the scope [of false memory syndrome]" (FMSF, 1992a: 2). Indeed, the quantitative documentation of false memory syndrome is an essential aspect upon which the Foundation bases its claims. The organization subscribes to the position that documenting false memory syndrome will demonstrate the lack of

scientific evidence for the concept of repression. According to the Foundation, the prevalence of false memory syndrome also will prove scientifically that therapists who believe in repression (coupled with their practice of suggestion and memory recovery techniques) creates false memories of childhood sexual abuse.

From its earliest beginnings, the Foundation gathered data and compiled it into statistical charts and tables to demonstrate quantitatively the widespread nature of false memory syndrome. Indeed, the Foundation recognized that "[q]uantification in one form or another is one of the most important devices used in the manufacture of authoritative factual versions" (Potter and Wetherell, 1994: 50). The rhetorical purpose of this device is that claims containing numerical constructions contrast explicitly with qualitative versions--which tend to appear vaguer, less precise, more subjective, or anecdotal. Moreover, the Foundation frequently mentioned statistics by publicizing them in its newsletters (see, FMSF, 1992b: 3; 1992c: 3, 4; 1992d: 7; 1993a: 3; 1993b: 4; 1993c: 7; 1993d: 7, 9) and reporting them to the media (FMSF, 1992a: 1; 1992b: 1; 1992c: 1, 5; Stanton, 1997), even though the organization claimed to be "disturbed when sensational statistics are bandied about" (FMSF, 1993a: 2).

In order to document false memories quantitatively, however, the Foundation had to identify and gain access to a population exhibiting them. It was able to do so only obliquely. It appeared that the Foundation may have recognized a powerful ally in the media and it cultivated a relationship with the

press[12] in order to gain nationwide exposure for its claims. The Foundation also encouraged its members to tell their stories to reporters and to appear on talk shows (FMSF, 1992a: 1).[13] Indeed, it even composed a model advertisement that members could place in newspapers (ostensibly to announce the 800 telephone number). The model ad asked:

> Have you been falsely accused by an adult on the basis of "recovered memories?" You are not alone. Help us to document the extent of this phenomenon. Call the False Memory Syndrome Foundation at 1-800-568-8882 (FMSF, 1992c: 5).

In combination with having the media raise public awareness about the alleged false memory syndrome, the Foundation engaged a rhetoric of quantification to support its claim that its existence was widespread.

With increased media coverage about false memory syndrome came

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[12]During 1996, Mike Stanton, who is the head of the investigative reporting team at *The Providence Journal-Bulletin* studied recovered memory on a John S. Knight Fellowship at Stanford University. Stanton's analysis of the False Memory Syndrome Foundation's reliance on the media to publicize its claims revealed that the organization is "an aggressive, well-financed p.r. machine adept at manipulating the press" (Stanton, 1997: 45).

[13]The Foundation was careful to caution its members that "[t]he most effective public representatives are those who are not accused. When parents tell their story, no matter how convincing, people often think, '*Well, of course they would deny the accusation.*' When a non-accused...talks, the story is more compelling" (FMSF, 1992b: 4; emphasis in original). Essentially, this self-conscious consideration about representation (like Peter Freyd's unobstrusive presence at the Foundation) created the distance necessary for a public image of the organization as something more than an advocacy group. Indeed, in response to criticisms that it was an advocacy organization for persons falsely accused, the Foundation stated that it "was not set up as an advocacy organization...[but that it] did advocate 'critical' thinking" (1993b: 5).

increased calls to the Foundation. Indeed, the Foundation reported that the numbers of persons who contacted the organization doubled following press coverage of false memory syndrome--"*on a quiet day we average 60 calls, but when FMSF is mentioned in the media, we get 120 or 150 calls*" (FMSF, 1993b: 1; emphasis in original).[14]

Careful attention, however, to the mandated goal of the Foundation and the statistical charts it produced in the earliest newsletters reveals its quantification of false memory syndrome was skewed. The Foundation relied upon self-reports from persons claiming to be falsely accused to document and substantiate its claims about the widespread social dimensions of false memory syndrome. The logical fallacy regarding the Foundation's claims about false memory syndrome is that self-reports from the falsely accused do not necessarily identify and validate false memory syndrome in the accusers. That is to say, people may falsely accuse innocents of abuse for a number of reasons that are unrelated to false memories--revenge, money, justification for one's own deviant behaviour, etc. Moreover, people may be guilty and doing some damage control by calling the Foundation for a sympathetic ear.

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[14]The Foundation questioned the role of the media in spreading false memory syndrome by asking: "[c]ould self-reports of abuse be contaminated by media stories? Could the phenomenon be feeding itself through the widespread coverage that survivors have engendered[?]" (FMSF, 1992c: 2). It appears that the Foundation holds a self-serving view of the media because it places beyond reproach its own efforts to engage media coverage about false memory syndrome by insisting it is to raise public awareness and to facilitate gathering evidence.

Nevertheless, on the basis of calls from persons claiming to be falsely accused, the Foundation compiled quantitative data--about alleged false accusations--not false memories (see, FMSF, 1992b: 3; 1992c: 3, 4; 1992d: 7; 1993a: 3; 1993b: 4; 1993c: 7; 1993d: 7, 9). The Foundation quantified the prevalence of one population (persons claiming to be falsely accused) and uncritically applied the numbers to estimate the size of another population (i.e., persons with supposedly false memories).

2.3.2 Documenting Retractors

The Foundation also documented false memory syndrome by keeping account of numbers of retractors.[15] Six months following the formal organization of the Foundation, it had received twelve such calls (FMSF, 1992b: 1). Within a year, "more than thirty recanters" (FMSF, 1992c: 1) had contacted the Foundation.[16] According to the organization, the self-reports from retractors also constituted quantitative evidence of the widespread nature of false memory syndrome, even though the Foundation did not require evidence to support the retractors' self-descriptions of the course of their therapies.

Uncritical acceptance of the Foundation's methodology to amass self-reports resulted in two publications that further bolstered the image of a

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[15]The term retractor describes former psychotherapy patients who had remembered previously forgotten childhood sexual abuse and later repudiated their memories, claiming that their therapists had suggested abuse histories.

[16]Apparently, persons to whom the term recanter referred found it offensive. Consequently, the Foundation began using the term retractor (FMSF, 1993b: 4).

nationwide epidemic of false memory syndrome: *Confabulations* (Goldstein and Farmer, 1992) and *True Stories of False Memories* (Goldstein and Farmer, 1993). Indeed, the Foundation was instrumental in soliciting stories for the editors to include in both volumes (FMSF, 1992c: 1). The intended purpose of both books was to provide validation for false memory syndrome "as an iatrogenic disease created by therapy gone haywire" (Goldstein and Farmer, 1993: 9) with accounts gathered from affected families (Goldstein and Farmer, 1992) and retractors and adult siblings of patients still in therapy (Goldstein and Farmer, 1993). With the help of the Foundation, both of these publications intended to validate false memory syndrome and to counter support for the "[h]undreds of books [that] have been written validating anecdotal stories about repressed memories" (Goldstein and Farmer, 1993: 8).[17]

Although the Foundation argued that anecdotal documentation of repression did not constitute scientific evidence (FMSF: 1992c: 2), it nevertheless referred inquiries from the public, media, professionals, and researchers to these published accounts even though they contain little more

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[17]Goldstein and Farmer possibly could be referring to first-person incest survivor accounts. During the late 1970s and into the mid-1980s, published survivor accounts proliferated (Armstrong, 1978; Bass and Thornton, 1983; Brady, 1979; Danica, 1988; Fraser, 1987; Hill, 1985; McNaron and Morgan, 1982). Without exception, all of these books explored personal responses to the dynamics inherent in incestuous families--the result of which often included periods of forgetting or not thinking about the abuse. The definitive (sociological) study of incestuous abuse of girls refers to repression as a possible limitation on data collection--if respondents' memories of abuse have been repressed, then it becomes impossible for them to report its existence and its effect(s) (Russell, 1986: 34).

than anecdotal stories about false memories. By doing so, the organization's leaders demonstrated that they would take the reports of retractors as evidence for false memory. Moreover, the Foundation did not make clear what objective criteria it invoked for assessing the validity of self-reports from persons accused and from retractors (Pope, 1996).

Additional methodological problems exist regarding the Foundation's use of self-reports to build a scientific case for the widespread existence of false memories. It disregarded that it is virtually impossible for it or others to know whether the accused persons contacting the Foundation (the Freyd parents included) were telling the truth about being falsely accused. Furthermore, the Foundation is silent about how it could distinguish between false versus true memories and good versus bad therapy on the basis of self-reports either from persons claiming to be falsely accused or from retractors (Pope, 1996; Stanton, 1997). The logic inherent in the Foundation's claims appeared to be that all statements about false accusations or memories were true and all adult memories recovered in therapy were false.

By mid-1993, the Foundation appeared to have realized the logical fallacy in the interpertation of its data collection efforts (i.e., using prevalence rates from false accusations and retractors to claim the wide-spread nature of false memory syndrome). Consequently, it discontinued appealing to prevalence rates when it wished to demonstrate the widespread nature of false memory syndrome. Practically speaking, it no longer was necessary for the Foundation to rely on numbers (of false accusations and retractors) to support its claims. By this time,

both laboratory and clinical memory scientists had become involved in claiming and counter-claiming scientific evidence to support or diminish the Foundation's position.

2.4 The Science is Clear: Scientific Controversy

In 1993, the False Memory Syndrome Foundation organized its first scientific conference called "Memory and Reality: Emerging Crisis," and which was held at Valley Forge, Pennsylvania (FMSF, 1993b). The organization believed that it was adhering to the "best academic tradition [in which] researchers must publicly present their evidence, listen to criticism[,] and respond" (FMSF, 1992c: 5) to issues regarding false memory syndrome. It also advanced the notion that the issue of false memory syndrome would be of interest to professionals in many disciplines (medical, legal, clinical and experimental psychology, insurance, sociology, media) and to families. Consequently, the Foundation claimed that the conference would "represent differing views on the reality of repressed memories and the techniques used to elicit these sorts of memories" (FMSF, 1992c: 5). The results proved otherwise. Consideration of the conference speakers reveals the beginnings of the organizational aspects of claims-making involved in the false memory debate.

At the conclusion of the conference, Pamela Freyd claimed that the speakers "dispelled the pseudo-scientific notions that have fueled the phenomenon [of false memory syndrome]" (FMSF, 1993d: 1). Moreover, Freyd claimed that "the scientific issues are clear, and it is only a matter of time before

they are fully understood by the public, the mental health profession at large[,] and the media" (FMSF, 1993d: 1). It is difficult to discern how clear the scientific issues would have been had the conference organizers included speakers from outside the Foundation. Perhaps all that we can know in this respect is that the clarity regarding the scientific issues about false memories may have resulted from the unanimity among the speakers. All of the speakers at the conference were members of the FMSF Scientific and Professional Advisory Board (FMSF, 1993b: 14).[18]

The implicit acceptance of the false memory diagnosis by Board members may explain, therefore, the Foundation's assessment of unanimity and clarity regarding the scientific issues about false memories.[19] The organization

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[18]The brochure advertising the upcoming conference was attached to the February 5, 1993 FMS Foundation Newsletter. The list of speakers included: Robyn M. Dawes, Ph.D., Carnegie Mellon University; Fred Frankel, M.B.Ch.B., D.P.M., Harvard University; George K. Ganaway, M.D., Emory University; Richard Green, M.D., J.D., UCLA; Harold Lief, M.D., University of Pennsylvania; Elizabeth Loftus, Ph.D., University of Washington; Paul McHugh, M.D., Johns Hopkins University; Richard Ofshe, Ph.D., University of California, Berkeley; Ralph Underwager, Ph.D., Insitute of Psychological Therapies; Hollida Wakefield, M.A., Institute of Psychological Therapies. Ulric Neisser, Ph.D., Cornell University, provided the keynote address (FMSF, 1993d: 1). Comparing this list of speakers with the Scientific and Professional Advisory Board members listed on page 14 of the May 3, 1993 FMS Foundation Newsletter revealed that all of the speakers were members of the Foundation's Board.

[19]A remarkable aspect about those present at this scientific conference is that the ratio between professionals to members of the press was five to one. Of the more than 600 people who attended the conference, professionals numbered approximately one quarter (i.e., approximately 150 professionals) and members of the press numbered thirty-four (FMSF, 1993d: 1). Stanton conducted an analysis of media coverage of the false memory controversy. He criticized reporters for accepting the Foundation's and its Board members' "theories uncritically, seemingly unaware that there are countering scientific views"

disregarded, however, an entire body of scientific evidence that demonstrated evidence for repression. Clinical memory scientists not affiliated with the Foundation responded to this ommission. The ensuing debate between clinical and laboratory scientists in the professional literature will illustrate the influence of the Foundation on the production of scientific knowledge.

2.5 The Scientists Debate

Uniquely, the Freyd parents (neither of whom are trained as clinical nor laboratory memory scientists) have created an upheaval in the scientific study of adult memory for childhood trauma--in the process demonstrating that social influences infiltrate the production of scientific knowledge (Shapin, 1995). Aided by the Professional and Scientific Advisory Board members, the Foundation argues that it has the support of documented scientific evidence for its claims. Indeed, a seminal article written by a Foundation Board member brought the influence of the organization's claims into the peer-reviewed scientific literature on memory (Loftus, 1993).[20]

In the article, Elizabeth Loftus questioned whether repression of child

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(Stanton, 1997: 46).

[20]Elizabeth Loftus is professor of psychology and adjunct professor of law at the University of Washington. Her research over the past twenty-five years has focused on human memory, eyewitness testimony, and courtroom procedure. Her area of expertise in human memory lies within the malleability of memory (suggestibility) for neutral events. She has the distinction of being the most publicly prominent among the members of the Foundation's Scientific and Professional Advisory Board (Stanton, 1997).

abuse is common.[21] Her conclusion regarding repression summarized the "numerous clinical examples" and "anecdotal reports" (Loftus, 1993: 518) as "loose theory" (Loftus, 1993: 519) that can be explained by simple forgetting. Loftus, however, adheres to a skeptical perspective that requires experimental laboratory research to validate the existence of a phenomenon.

Toward this goal, Loftus and Coan devised what they believe is a controlled experiment for implanting false memories in the shopping mall study (Loftus, 1993, 1997; Loftus and Ketcham, 1994; see also FMSF, 1993d: 1).[22] In the study, an older brother (Jim) was able to convince his younger, fourteen year old brother (Chris) about an event that apparently never happened. Jim told Chris that he had been lost in a shopping mall when he was five years old. After two days, Chris began to recall feelings about the event. By the sixth day, he had remembered details about the man who had helped him, the stores, and a conversation between the man and himself. According to Loftus, within two weeks, "Chris described his false memory" (Loftus, 1993: 532). To control for the possibility that Chris actually had been lost at some time during his early childhood, the researchers attempted to implant the same memory in Chris's

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[21]The article examined four issues: how common it is for memories of child abuse to be repressed; how jurors and judges will react to repressed memory claims; what are the character of repressed memories; and, how authentic are repressed memories (Loftus, 1993: 518).

[22]While it is ethically impossible to implant experimentally memories for traumatic events such as abuse, Loftus and Coan developed a paradigm for what they believe is a sufficiently fear-producing event--getting lost in a shopping mall (Loftus, 1993: 532).

mother. She, however, was unable to remember the occasion (Loftus, 1993: 532). Loftus argues that this study demonstrates the ease with which researchers can successfully implant false memories in subjects (Loftus, 1993: 532).

Critics counterclaim that, at best, the lost in the mall study demonstrates the social psychological principle of persuasive influence by a credible source: "[t]o assume that the report illustrates an implanted [false] memory, or anything about a change in the memory representation, is a serious overstatement" (D. Brown, 1995b: 80). The Foundation, however, views favorably the findings and extends them to argue that the study demonstrates the ease with which therapists can implant false memories of childhood sexual abuse in their patients (FMSF, 1993d: 1).

Broadly, therefore, the scientists' debate about false memory divides between critics of and adherents to the false memory position--with the False Memory Syndrome Foundation at the hub. Critics of false memory syndrome as a mental health diagnostic category claim that scientific studies demonstrate that a subpopulation of their adult patients exhibit full or partial amnesia for traumatic childhood experiences (such as sexual abuse). Often after periods of forgetting their traumas, the patients recover associated memories and affects--either spontaneously or in the context of psychotherapy (Briere and Conte, 1993; Brown and Fromm, 1986; J. Freyd, 1993, 1996; Herman and Schatzow, 1987; Terr, 1988, 1991, 1994; Williams, 1994). The Foundation, however, dismisses this growing body of scientific evidence on both the psychological effects and

memories of abuse and the clinical literature on survivors of child sexual abuse (Williams, 1994: 1182).

Adherents of the false memory position counterclaim, however, that scant evidence supports repression. Moreover, they highlight that controlled laboratory studies have failed to document repression. The scientific basis for this claim requires further examination. The lack of laboratory documentation of repression should not be surprising because clinical (not laboratory) scientists treat patients for the effects of trauma. Consequently, lack of evidence from controlled laboratory studies does not mean that repression lacks scientific documentation. Such documentation appears in a clinical context (see below). Moreover, the claim that, for the most part, reports of delayed, recovered memories of childhood sexual abuse occurring in psychotherapy are fabrications that result from therapists' suggestion (Lindsay and Read, 1994; Loftus, 1993; Loftus and Ketcham, 1994; Ofshe and Watters, 1993, 1994; Wakefield and Underwager, 1994 [1995]; Yapko, 1994) also does not find scientific support (D. Brown, 1995a, 1995b; J. Freyd, 1996; Scheflin and Brown, 1996).

Memory scientists aligned with the False Memory Syndrome Foundation base their claims about therapeutic suggestion creating false memories on a twenty year tradition of laboratory research on memory suggestibility based upon nonsense syllables, word lists, and suggestibility in witnessing crimes (D. Brown, 1995b: 64).[23] The Foundation and its adherents rely upon studies of eye-witness

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[23]Daniel Brown (1995b) provides a review of the historical development and application of memory research. Since 1976, researchers increasingly began

testimony that utilize broadly based, largely untroubled, college student populations to support the claim regarding therapy's creation of false memories. The Foundation, therefore, misapplies research when it states that:

> [w]e have presented research from the field of memory and from what is known about human suggestibility to say that it is possible in a therapeutic situation that the diagnosis of a client could be biased by the preconceptions of the therapist (FMSF, 1993a: 2).

The Foundation, however, relies heavily on the research findings from Loftus's studies to support its claim.

Generally, Loftus et al.'s laboratory studies (Loftus, 1975, 1979; Loftus and Hoffman, 1989; Loftus and Palmer, 1974; Loftus and Zanni, 1975) demonstrate the effects of post-event suggestion on eyewitness reports about an event. The findings illustrate that memory is malleable--a reconstructive rather than reproductive process that may be influenced by suggestion in the form of leading questions. The original experimental design to demonstrate this malleable aspect of memory consisted of three phases. In the first phase of the research, subjects witnessed a film about a complex event--a five-car accident resulting from a car's failure to stop at a stop sign (Loftus, 1975: 563). During the second phase, researchers asked a series of standard questions (or read a

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to focus on more practical aspects of memory including the study of everyday memory, autobiographical memory, development of memory in childhood, and eyewitness memory. Loftus's studies on eyewitness memory was the first major application of memory research to courtroom testimony (Loftus, 1979). The most recent field of application of research on memory is in psychotherapy. Indeed, most of the literature in this area of applied research is less than five years old.

narrative) about the witnessed event. While control subjects received accurate information, researchers gave the experimental subjects several critical items of inaccurate or misleading information about the event. If, for example, the original film was about an accident resulting from a car's failure to stop at a stop sign, then the post-event questions would attempt to elicit information about the event (Loftus, 1975: 564).

In the last phase, subjects reported what they remembered. A control group made choices based on accurate information. For the critical items, however, subjects reported their memories based on either accurate information or misinformation (i.e., "Did you see [a/the] stop sign?" or "Did you see [a/the] broken headlight?" [Loftus, 1975: 562]). Originally designed to demonstrate how the wording of a question can influence the resultant answers (Loftus, 1975: 562), Loftus currently claims that these studies also illustrate the creation of inaccurate or false memories in subjects (Loftus, 1993: 530). The majority of Loftus's original research, however, focused on error for detail so it is not surprising that her findings indicated high inaccuracy in recall. It is not clear what implications research about details play in the false memory debate, but such research tells us little about people's supposed memories of major trauma often perpetrated by people whom they know well (J. Freyd, 1996).

Another angle the supposedly changed memory that Loftus, et al. believe they produced actually may be a changed report that reflects research participants' oral or written behavioral compliance rather than any changes in their memories (Spanos and MacLean, 1986). That is to say that the participants'

changed reports may be the result of succumbing to or obeying the request of a perceived authority. In sum, the Foundation accepted uncritically Loftus's research findings when, in fact, significant issues exist about their application to memory for trauma experienced first-hand.

Taking a broad view, criticism of findings from eyewitness testimony is that they also indicate consistently that researchers can deceive study participants regarding details of the studied event, but not about the broad dimensions of the event itself. People do not replace, for example, memories of a car accident with memories of a bank robbery (Pope and L.S. Brown, 1996: 41). Clinical memory scientists have concerns, therefore, that the Foundation has oversimplified the laboratory research findings from post-event suggestibility effects (that utilize college student populations) by applying them to the area of memories for trauma that often (but not exclusively) arise in pyschotherapy. Critics' major concern is that the findings from the populations utilized in the studies do not generalize to clinical patients with presenting symptoms of posttraumatic stress (D. Brown, 1995b: 64). A crucial aspect of this concern is that the Foundation is applying findings from scientific studies of memory for neutral events to memory for traumatic events. The organization, however, is silent about these issues regarding the research that it cites.

Recently, some innovative research designs have studied memory for events that closely approximate the trauma of sexual abuse. One such study, which involved urinary tract catheterization for children, highlighted a high degree of forgetting among subjects receiving this painful and embarrassing procedure

(Goodman, et al., 1991). Data from other studies (Briere and Conte, 1993; Herman and Schatzow, 1987; Loftus, et al., 1994; Williams, 1994) indicate that the majority of traumatized people retain total, partial, or oscillating memory, whether adult paticipants fully understood what happened to them as children or disclosed about the event(s). These studies (except Loftus, et al., 1994) also suggest that intense, violent, and/or life-threatening trauma might be associated with an increased probability of dissociative amnesia (forgetting). In support of these findings, the neurophysiological research of memory for trauma strongly suggests that emotional memories may be encoded differently than normal memories (van der Kolk, 1994; van der Kolk and Van der Hart, 1991). Said succinctly, the brain appears to process information about trauma differently than information about neutral events. Consequently, information about the event does not exist in declarative memory but rather in somatic memory.[24] Moreover, the intense affect often associated with trauma initiates long-term "conditional responses to reminders of the event" (van der Kolk, 1994: 253) that often remain unvoiced because the memories are inaccessible to explicit, declarative memory.

The Foundation, however, criticizes studies reportedly documenting repression for ignoring rigorous population sampling procedures by drawing only from clinical populations. Two studies in particular came under scathing attack

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[24]Currently, the terms about the varieties of memory are in flux. Jennifer Freyd proposes clarity with a dichotomy. One type of memory is "explicit, declarative, episodic, and verbalizable; the other is implicit and/or procedural--in short, encompasses everything that the first kind of memory does not" (J. Freyd, 1996: 97). Hence, declarative memory differs from somatic (body) memory in that the first can be articulated (verbalized) while the second cannot.

from the Foundation. The first one investigated possible links between "traumatic childhood memories and symptom formation in adult life;...that such recollections might be based upon fantasy; and,...the therapeutic effect of recovery and validation of memories of early trauma" (Herman and Schatzow, 1987: 2). Essentially, the study examined the effect of therapy on adult symptomatology during the process of recovery from childhood trauma. The researchers also suggested that "[m]assive repression *appeared* to be the main defensive resource available to patients who were abused early in childhood" (Herman and Schatzow, 1987: 11; emphasis added). The Foundation, however, declared that the findings "**cannot be considered definitive, or for that matter even relevant in any way to the question of the validity of long-repressed memories of child sexual abuse**" (FMSF, 1993c: 7; emphasis in original). Although the study did not claim to document repression, the Foundation realized that readers of its newsletters might have interpreted the findings as proof of repression's existence.

The second study that the Foundation criticized was one in which memory scientists took seriously the claim that repression had not been scientifically documented sufficiently and who therefore conducted a prospective study of adult memory for childhood sexual abuse.[25] This seminal prospective study

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[25]In retrospective studies (e.g., Herman and Schatzow, 1987), adults answer questions about abuse histories and about the persistance of their memory for their abuse. Prospective studies (e.g., Williams, 1994) identify a representative group of adults whose histories include documented childhood sexual abuse. Documentation often includes hospital records, police reports, etc.

(conducted by Linda Meyer Williams of the Family Research Laboratory at the University of New Hampshire) asked whether "people actually forget traumatic events such as child sexual abuse, and if so, how common is such forgetting" (Williams, 1994: 1167). The findings suggested that forgetting childhood sexual abuse is "a common occurrence for adult women with documented histories of such abuse" (Williams, 1994: 1174). Moreover, Williams's findings realized an important social dynamic--abuse never-discussed (such as incest), that occurs within a close relationship (Williams, 1994: 1174; see also, J. Freyd, 1996), and that continues "for some period of time before it was disclosed" (Williams, 1994: 1184) may increase the likelihood of forgetting.

Again in an effort to deny the validity of Williams's findings, the Foundation responded critically to this second study. It claimed in a newsletter that:

> Williams study demonstrates only that many women will not report abuse experiences when interviewed by a stranger years later. It was not ascertained whether these women actually remembered the abuse, but simply chose not to report it (FMSF, 1994b: 7).

Without reading either of the studies, one might consider the Foundation's criticism legitimate. Williams, however, devised (and reported in the findings) a measure for un/willingness to divulge personal information:

> The women who reported a previous history of undergoing an abortion, prostitution, or having a sexually transmitted disease (n = 51, 40%) were no more likely to recall the index childhood sexual victimization (61%) than

were those who denied (or did not have) any such a sexual history (63%) (Williams, 1994: 1170).

Those who were unable to recall the abuse, therefore, were equally willing to speak openly and frankly about confidential and certainly highly personal information about their sexual histories. The Foundation's criticism of Williams study on the basis of subjects' alleged failure to report was, therefore, not warranted.

Indeed, Kenneth S. Pope[26] has questioned the methods the Foundation uses to promote its claims. Among several concerns, Pope questioned the basis upon which the Foundation accepts without external corroboration self-reports from the allegedly falsely accused and "self-reports about retracted memories", yet dismisses as false "self-reports of abuse memories" (Pope, 1996: 960). Hence, Pope suggested that the Foundation and associated Board:

> describe the research protocols or other formal procedures by which false memory syndrome has been adequately validated as a syndrome and by which it was determined that it has affected tens of thousands of individuals and families (Pope, 1996: 961).

As yet, the Foundation and its Board have not responded to this challenge.

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[26]Pope, who is a psychologist in independent practice, currently is a charter member of the American Psychological Society (APS). He has served as chair of the Ethics Committees of the American Psychological Association (APA) and the American Board of Professional Psychology (ABPP). Among other distinctions, Pope has received the APA Division of Clinical Psychology Award for Distinguished Professional Contributions to Clinical Pscyhology and the APA Award for Distinguished Contributions to Public Service (Pope and L.S. Brown, 1996: 313).

2.6 Discussion

A careful analysis of the claims made by the Foundation reveals that its leaders use a rhetoric of science but follow the behaviour of ideologues. They quantified two populations (alleged falsely accused and retractors) to argue for the existence of another: false memory. The Foundation portrays a one-sided view of research on memory and suggestibility either by ignoring or criticizing research findings that counter its position. Generally, it selects among the available science on memory only those studies that support its claims.

The scientific evidence the organization enlists to support its claims about the (non)existence of repression and therapeutic suggestion reveals that the organization is applying findings from eyewitness reports about neutral events to memory for traumatic events. That is to say, that the claims made by the Foundation lack scientific support from studies that the organization cites. Moreover, the organization either ignores or criticizes evidence that is contrary to its claims. David Speigel, who is an authority on traumatic amnesia, has stated:

> [t]he foundation and its backers 'remind me of a high school debate team.... They go to the library, surgically extract the information convenient to them and throw out the rest' (interviewed in Stanton, 1997: 47).

Although clinical and laboratory memory scientists basically agree on how memory works under normal circumstances, claims made by the Foundation about repression and therapeutic suggestion has resulted in a reassessment of what it and its Board members call assumptions about trauma memory theory

and therapeutic practice.

Currently, therefore, memory scientists are divided about how normal memory might differ from memory under trauma conditions and whether traumatic experiences during childhood can be repressed and later in adulthood remembered as objectively true events. Asserted differences between normal memory and trauma memory are the basis for claims by the clinical scientist community decrying the Foundation's application of studies conducted by the experimental laboratory scientists on normal memory. The scientific evidence, however, divides between scientists who study memory experimentally and scientists who study memory clinically. As we will see in the following chapter, the debate about "the reality of repressed memories" (Loftus, 1993) has important implications for therapists and their clients in courts of law.

Chapter Three

3.1 Moving Beyond the Scientific Debate

Prior to 1994, the false memory debate concentrated on the applicability of laboratory studies involving college students tested about memory for neutral events to adult memory for childhood trauma as exhibited by clients in therapy. By mid-1994, two important developments broadened the scope of the debate. First, the Foundation began to include a regular monthly feature in its newsletters called "Legal Corner" (FMSF, 1994a: 17). Second, concurrent with the Foundation's inclusion of a legal section in its newsletters--and of major importance in broadening the social scope of the false memory debate--was the landmark civil law suit initiated in California by Gary Ramona against Marche Isabella, his adult daughter's therapist. Both of these developments mark the movement of the Foundation's claims into a larger social arena. The movement into the legal framework now required the courts to make judgements not only on the science of memory but also on acceptable therapeutic practice. I shall consider each of these developments separately and then shall conclude with discussion about the implications for therapeutic practice and law.

3.2 Creating a Legal Forum

As reported by the Foundation, increasing numbers among its members had begun seeking legal advice from the organization (FMSF, 1994a: 17). Consequently, the Foundation announced that James Simons, who is a practicing attorney, would provide answers to members' legal questions or

concerns in each newsletter. The first article addressed the issue of filing complaints against therapists with state licensing, ethical, and professional monitoring committees overseeing the profession. According to Simons, the purpose of the complaints-filing process was to ensure that "mental health professionals meet minimum standards of practice, protect clients and the public from practices that violate professional ethics, and afford a means of redress for aggrieved parties" (FMSF, 1994a: 17). That is to say, filing complaints against the professionals who treated their adult children (and possibly believed their memories) offered some recourse to accused parents.

Rather than providing members with instructions about how to file complaints with the various agencies in charge of therapeutic practice, Simons essentially outlined for readers the practices that characterize "memory retrieval therapy" (FMSF, 1994a: 17)[27] and framed the content that complainants should

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[27]Simons's use of "memory retrieval therapy" simply is one more variation on terms used by the Foundation to characterize what it considers to be new or different among the various psychotherapies. The organization has repeatedly claimed that clinicians involved in the treatment of adults traumatized by childhood sexual abuse had developed a distinctive new therapy that it called repressed memory therapy (often abbreviated as RMT). Another term that appears in the literature, and which seems to convey similar connotations, is recovered memory therapy (also abbreviated as RMT). An internet posting stated, for example, that since the "late 1980's, the mental health profession [has] embraced a new miracle cure called repressed memory therapy.... Writers and therapists who advocate repressed memory theories of abuse cloak themselves in scientific rhetoric and misuse of legitimate psychological concepts in order to give their beliefs credibility. Repression, dissociation, psychogenic amnesia, post-traumatic stress disorder, multiple-personality disorders[,] and a pseudo-scientific phenomenon called body memories are all part of the grab-bag of terms that are meant to convince patients that they show symptoms of abuse, even if they have no memory of such acts" (FMSF, 1997c: 1).

include in their letters of grievance. Moreover, it should not be surprising that a lawyer associated with the Foundation and offering advice to its membership would repeat and reinforce the claims make by the organization. One important aspect of Simons's article, however, is that it provided for members a consistent list of questionable practices purportedly engaged in by therapists from whom their adult children had received treatment.[28] According to Simons, these practices not only jeopardized the welfare of clients but also resulted in "[f]amily estrangement and false accusations" (FMSF, 1994a: 17).

Of greater significance, however, is that Simons delineated the limitations of filing complaints with the organizations that oversee therapists (FMSF, 1994a: 18). The most notable among these limitations was that the professional regulatory committees generally did not investigate grievances filed by third parties (i.e., someone other than the patient and in this case, aggrieved parents).

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[28]The Foundation questioned the soundness and responsibility of the following therapeutic practices:

> to use techniques such as hypnosis, guided imagery or deep relaxation without informing the client of the risk and dangers of suggestion;
> to ignore sound warning from research data that false memories are easily created;
> to disregard evidence that there is no reliable scientific or professional methodology by which a therapist may, without access to objective corroborating evidence, reasonably distinguish false from true memories;
> to assume that statements made under suggestive influences are true without seeking corroborating evidence;
> to ignore a client's past history which may be important in determining diagnosis and treatment;
> to encourage client dependency or to cross therapist-client boundaries;
> to refuse to speak to other family members even if issues raised concern them;
> to recommend that a client break family relationships (FMSF, 1994a: 17).

One must question, therefore, the purpose of the content of Simons's article about the complaints-filing process in light of its apparent futility. At the least, it seems inconsistent (if not contradictory) that the Foundation would provide its members with a possible avenue of recourse that ultimately would have little value in effecting change with the agencies concerned. The implications of bringing to the foreground the limitations seems to imply, therefore, that the Foundation (through Simons) was advising its members about an alternative course of action to filing complaints.[29]

Indeed, a news item reprinted from the *Rocky Mountain News* at the top of the page immediately following Simons's article provides a possible answer about what action accused parents might take. Essentially, the story reported that the Colorado Mental Health Grievance Board had dismissed all but six of the ninety complaints against therapists that had been filed by families of the clients. Moreover, the story also acknowledged that in Colorado, parents of adult children recovering memories of abuse while in therapy had begun filing lawsuits that claimed substandard care by the therapists (FMSF, 1994a: 19).

The juxtaposition of the *News* article with Simons's reveals two construction processes at work (Potter and Wetherell, 1994: 48-49; Wetherell

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[29]In a November, 1993 article published in a legal journal, Elizabeth Loftus and Laura Rosenwald argued in favor of malpractice and negligence actions against therapists whose patients recovered memories of sexual abuse. In their words, these legal actions would serve as "quality control tools for recovered memory therapy" (Loftus and Rosenwald, 1993: 73). But as Kathryn Quina, who is editor of *Psychology of Women*, asked about Loftus and Rosenwald's recommendation: "Who stands to benefit from this tool kit?" (Quina, 1994: 12).

and Potter, 1992: 95). The first concerns content. In terms of subject matter and organization, the similarity in content is striking. Secondly, the organizational format of the newsletter would not be expected to be mere chance; the second article reinforced explicitly what Simons[30] had only hinted at--legal recourse. Over the following months, subsequent newsletters would replay similar legal actions initiated by parents across the country. In light of this spate of lawsuits and the organization's reporting of it, it seems unlikely that the Foundation was doing anything less than endorsing that course of action to its accused members. Moreover, the Foundation newsletters began devoting considerable space to the first third-party lawsuit initiated by a parent against an adult child's therapist to go to civil trial.

3.3 *Ramona vs.Isabella*: Lawsuits Against Therapists

Indeed, the Foundation newsletter that appeared the month following Simons's first legal article provided front page coverage of the *Ramona* trial (FMSF, 1994b: 1-2) as did the media from Los Angeles to New York (see, for example, Butler, 1994; Gross, 1994a). Before analyzing the Foundation's interpretation of this important case, I will provide a summary of background events leading up to the trial. It also will prove worthwhile to place the *Ramona* case within its broader legal context and summarize the verdict. Such an exposition will accentuate the variability among accounts--particularly the

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[30]Moreover, it is worth bearing in mind that Simons is a practicing attorney.

Foundation's representation of the case to its members in its newsletters.

Sources that I use for the summary include press coverage[31] and analyses written by mental health professionals and lawyers (Appelbaum and Zoltek-Jick, 1996; Bowman and Mertz, 1995). I rely particularly on Katy Butler's[32] account of the legal proceedings for two reasons. First, Butler was present throughout the trial proceedings and, second, she interviewed most of the principals following the verdict for a *Los Angeles Times* article (Butler, 1994).[33] In light of the Foundation's (successful) attempts to discredit Butler, I deliberately sought out her account from the trial, as well as subsequent articles she wrote, in order to appraise first-hand the bias alleged by the Foundation. Consequently, juxtaposing Butler's account with that of the Foundation provides insights about how the Foundation constructed its version of events in its representation of the

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[31]Most major California newspapers reported daily on the trial. The national press also provided extensive, almost daily coverage.

[32]Butler is a free-lance writer as well as a consulting editor with *Family Therapy Networker.*

[33]Subsequent to her coverage of the Ramona trial, *Newsweek* solicited an article from Butler that would assess the role of the Foundation in the backlash against recovered memory. Unhappy with previous articles in which Butler had challenged Foundation claims, the Freyds complained to the magazine's editors that Butler was biased. Peter Freyd also enlisted Board members to protest to the editors. A letter written by Richard Ofshe (who is a social psychologist and Sociology professor at University of California at Berkeley) stated, for example, that Butler was "'a zealot masquerading as a journalist'" (Stanton, 1997: 49). Frederick Crews, who is a retired professor of English from the same university, warned *Newsweek* in a letter that Butler is "'well known not only as a journalist in this area but also as a strong advocate' for recovered memory" (Stanton, 1997: 49). John Capouya, who is a senior editor with the magazine, stated that the letters were "'a well-organized action' to block the story or at least discredit Butler" (Stanton, 1997: 49). In the end, *Newsweek* abandoned the story.

issues involved with the case.

3.3.1 Background to the Suit

In late 1989, Holly Ramona, who then was a nineteen year-old college student at the University of California at Irvine, sought treatment for depression and bulimia from a certified marriage, family, and child counselor--Marche Isabella. During a meeting with Holly's mother, Stephanie Ramona, Isabella listed possible causes of bulimia and inaccurately mentioned that seventy to eighty percent of bulimics had suffered sexual abuse in childhood (Butler, 1994: 14; Butler, 1995: 25-26).[34] After four months of treatment that apparently did not concentrate on sexual abuse, Holly began experiencing flashbacks of incest with Gary Ramona, her father. Holly, however, reportedly refrained from informing Isabella about the flashbacks until six weeks after she had begun experiencing them (Butler, 1994: 16, 34, 36; Curtis, 1994: A15; Gross, 1994a; Tamaki, 1994: B1). In mid-February, 1990, Holly informed her counsellor about her suspicions regarding incest. Isabella suggested a gynecological examination that

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[34]Scientific studies confirm a correlation between (sexual) abuse and bulimia. In 1988, for example, one study reported the finding that, of 172 bulimic women, 23% had been raped, 29% sexually abused as children, and 23% battered in relationships. The study reported that among study subjects, 66% had been (in some manner) physically abused (Root and Fallon, 1988). Almost ten years later, another study reported the finding that women with bulimia are three times more likely to have a history of childhood sexual abuse than are women who do not have bulimia (Garfinkel, Lin, and Goering, 1995).

subsequently revealed a torn hymen (Butler, 1994: 34, 36).[35]

Holly discussed her suspicions with her mother, who believed her (Butler, 1994: 16). Indeed, her mother recalled that Gary Ramona had objected strongly to Holly entering therapy because "therapist's talk;" that as a child Holly avoided physical contact with her father; that she had had repeated urinary tract infections as a child and often had complained that her "bottom" hurt; and that Gary Ramona would go to Holly's bedroom at night. In light of Holly's disclosure, Mrs. Ramona also remembered another event that took on important significance. When Holly had been four or five years old, Mrs. Ramona came home to find her daughter wearing only a sundress with no underwear and Gary Ramona washing the sheets from their bed (which he apparently had never done before). Later, when she took the sheets out of the dryer, Mrs. Ramona found Holly's underpants among them (Butler, 1994: 16; Hewitt and Mullen, 1994: 52, 54).

Prior to confronting her father, Holly decided to undergo a sodium amytal interview administered by Dr. Richard Rose, chief of psychiatry at the Western Medical Center, to test whether any disclosures she made under the drug's

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[35]Often the Foundation has stated that responsible therapy includes seeking corroboration, but that "they [therapists] do not seem to care about evidence" (FMSF, 1994a: 1). Indeed, the gynecological examination that Holly Ramona underwent at Isabella's urging provided the type of corroborating evidence that the Foundation claims therapists do not seek in cases of adult memories of childhood sexual abuse (see also, FMSF, 1994a: 17).

influence contradicted her memories (Berkman, 1994: B1).[36] The next day (March 15, 1990), Holly confronted Gary Ramona in the presence of her mother and Isabella. Holly reportedly had hoped that her father would apologize. Gary Ramona, however, denied the accusations (Butler, 1994: 36). Despite opposition from Mrs. Ramona, Isabella, and Dr. Rose, Holly filed suit against her father for sexual abuse (Butler, 1994: 36). California law, however, does not admit evidence based on recollections obtained during sodium amytal interviews, so the suit was dismissed. Four months later, on April 2, 1991, Holly filed a second suit against her father. This suit emphasized that her memories of abuse had been recovered prior to the sodium amytal interview (Slind-Flor, 1994: A10).

Gary Ramona countersued on June 12, 1991, naming Mrs. Ramona, Marche Isabella, Dr. Richard Rose, Western Medical Center, and unnamed "Does"[37] (Slind-Flor, 1994: A10) as defendants. Ramona alleged the following causes of action: slander against his wife,[38] and both negligent infliction of emotional distress and reckless or intentional infliction of emotional distress

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[36]Sodium amytal is a fast-acting, intoxicating barbituate popularly (although incorrectly) referred to as "truth serum." During World War II, sodium amytal was used to treat soldiers who were victims of shock. Treatment with sodium amytal injections allowed the soldiers to remember the frightening experiences, release the attendant emotions, and return to battle (Herman, 1992: 25-26).

[37]Does refer to unnamed persons who remain anonoymous.

[38]The charge of slander against Stephanie Ramona was voluntarily dismissed prior to trial (Butler, 1994: 12). Stephanie Ramona initially was named as a defendant "in order to establish jurisdiction in Napa County." Although none of the other defendants lived there, both Ramona parents (Stephanie and Gary) resided within its jurisdiction (Bowman and Mertz, 1996: 559, n. 47).

against the remaining defendants (Bowman and Mertz, 1995: 559). As word of the litigation spread, Gary Ramona left his job as vice president in charge of international marketing and sales for the Robert Mondavi Winery (Flaherty, 1994: A4; Slind-Flor, 1994: A10).[39] Damages included, among other things, the suit by his daughter for sexual abuse, damage to his reputation, the loss of his job and future income, and severe and mental anguish and emotional distress. Specifically, Ramona claimed that the clinicians and the facility involved had caused him extreme emotional suffering as a result of their negligent treatment of his daughter and by recklessly ignoring the possible consequences (Appelbaum and Zoltek-Jick, 1996: 458; Bowman and Mertz, 1996: 559-560; Gross, 1994b: B13).

3.3.2 Legal Context for *Ramona*

Essentially, the case was tried by a jury as a medical malpractice case (Bowman and Mertz, 1996: 560; Gross, 1994b: B13). Gary Ramona's claim, however, against Isabella, Rose, and the Western Medical Center encountered a legal obstacle. Under traditional California common law (as in most states), therapists generally are not responsible to third parties. That is to say, only

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[39]Mondavi representatives stated that Gary Ramona had received a six-month paid leave to attend to his personal life. After he returned, Ramona would have assumed a different position within the company that was the result of restructuring management with the transfer of control of the winery from Robert Mondavi to his sons. When Ramona refused the offer, Mondavi Winery fired him based on unsatisfactory job performance. Mondavi paid Ramona $500,000 in severance pay and he agreed not to sue (Bowman and Mertz, 1996: 561; Flaherty, 1994: A4; Slind-flor, 1994: A10).

patients or clients in the professional-patient relationship have legal standing to sue for negligent treatment. Therapeutic professionals, therefore, do not owe a duty of care to family members and other outsiders (third parties) beyond this relationship--even if they are affected by the treatment and its outcomes (Appelbaum and Zoltek-Jick, 1996: 458; Bowman and Mertz, 1996: 566-569).

Ramona's suit was based, however, on a 1980 decision of the California Supreme Court in *Molien v. Kaiser Foundation Hospitals*. In that case, Mr. Molien sued his wife's doctor and hospital after the physician misdiagnosed that Mrs. Molien had syphilis. The physician had instructed Mrs. Molien to inform her husband about the diagnosis so that he also could be tested. Neither Mr. nor Mrs. Molien discovered the physician's error until after their marriage ended in divorce. Mr. Molien alleged that the misdiagnosis of syphilis by the physician had destroyed his marriage, caused him great emotional distress, and resulted in monetary expenditures on marriage counseling (Appelbaum and Zoltek-Jick, 1996: 458; Bowman and Mertz, 1996: 569).

The California Supreme Court ruled that the hospital had a direct duty to Mr. Molien as a "foreseeable victim" as applied by a "general principle of reasonable foreseeability" (Bowman and Mertz, 1996: 569). Stated simply, this principle meant that the harm to a husband (third party) of a negligent diagnosis made by a professional to a patient (Mrs. Molien) was foreseeable, hence the physician had a duty to Mr. Molien to exercise due care in diagnosing Mrs. Molien. Moreover, a third party outside the professional-patient relationship could sue a health care professional as a direct victim "whenever harm from negligent

behavior could be foreseen" (Appelbaum and Zoltek-Jick, 1996: 458).

Ramona proceeded to trial because of its similarity to the "direct victim" cause of action in *Molien* when Gary Ramona had been confronted with a diagnosis of sexual abuse by Holly Ramona in the presence of Isabella and Rose at Western Medical Center (Appelbaum and Zoltek-Jick, 1996: 459; Bowman and Mertz, 1996: 569-570). The question that remained was whether the jury would award the $8.5 million damage claimed by Gary Ramona (Bowman and Mertz, 1996: 562; Gross, 1994b: B13).

3.3.3 The Verdict in *Ramona*

After two days of deliberation, the jury by a vote of ten to two returned the verdict that Isabella, Rose, and the Western Medical Center "had been negligent in providing health care to Holly Ramona by implanting or reinforcing false memories that the plaintiff [Gary Ramona] had molested her as a child" (Bowman and Mertz, 1996: 562; emphasis added). Indeed, jurors stated that they based the verdict on the defendants' "negligence in reinforcing the memories, not in implanting them" (Bowman and Mertz, 1996: 562, n. 75; emphasis added). As a result, all twelve of the jurors agreed that Isabella, Rose, and Western Medical Center had caused Gary Ramona to suffer damages. The damages awarded, however, were far less than Ramona had claimed. By a vote of ten to two, the jury awarded "no damages for past and present emotional distress" (Bowman and Mertz, 1996: 563). The amount awarded to Ramona totaled $500,000: $250,000 for loss of past earnings (by a vote of ten to two) and

the same amount for loss of future earnings (by a nine to three vote) (Bowman and Mertz, 1996: 563). The jury, however, determined that five percent of the contributing negligence was attributable to Ramona. The final award to Ramona totaled $475,000.

3.4 The Foundation's Portrayal of *Ramona*

Speaking with the press before the trial concluded, the Foundation represented *Ramona v. Isabella* as an unprecedented vindication for its claims about what it called recovered memory therapy and the "hundreds of suits...that were brought against parents based only on evidence of 'repressed memories' recovered in therapy" (FMSF, 1994b: 1). Actually, *Ramona* holds no legal precedential value.[40] For the Foundation, however, the unique application of *Molien* heralded a social precedent. The course of action that it had only hinted at earlier had found its first social expression in *Ramona*, supported in no small way by members of the Foundation (Butler, 1995: 26). Indeed, the organization now explicitly stated to its readers that "[l]egal action may be the only option for some families" (FMSF, 1994b: 1) to demand accountability from therapists.

The significance that the Foundation attached to the case while it was still at trial yields interesting construction processes at work. Gathering its information

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[40]I spoke by telephone with Diane Erickson, who was the court reporter for most of the trial (which lasted from March 21, 1994 to May 13, 1994) and who currently is in charge of the file. She informed me that the decision in *Ramona* had not yet been and may never be appealed, hence, it holds no legal precedential value--even in California (January 13, 1998; see also, Bowman and Mertz, 1996: 565-566, n. 93).

from newspaper reports,[41] the Foundation claimed that Isabella had informed Holly Ramona that repressed childhood sexual abuse caused bulimia. Moreover, the Foundation repeated reports that Isabella had told Holly that memories recovered during the sodium amytal interview would be historically accurate (FMSF, 1994b: 1). Consequently, the picture emerging from this representation portrayed the trial to be about irresponsible therapy. Indeed, the Foundation posed the question when it asked its readers rhetorically: "[i]s therapy to be grounded in 'belief' or 'science'"? (FMSF, 1994b: 1).

The second of a two-part article written by Simons that appeared in a Foundation newsletter two months later echoed this evaluation. Simons slipped into the rhetoric that the Foundation used to characterize therapy with a statement that appealed to "[c]ommunity interest in protecting its members from quackery" (FMSF, 1994d: 15). This statement about quackery is interesting because, in an interview following the verdict, Gary Ramona stated that, "The jury saw what I've always known: Holly's supposed memories are the result of defendant's drugs and quackery, not anything I did" (Ayres, 1994: I, 9). Both Simons's and Ramona's particular reference to questionable therapeutic practice

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[41]Most reports were critical of Isabella, Rose, and Western Medical Center and portrayed Ramona as a victim of bad therapy. Fewer probed beyond this image to examine the implications for patients, therapists, and law. The easy availability of these different representations in the media about the *Ramona* trial only suggests that the Foundation may have selected among those that would bolster its claims about questionable therapeutic practices. More importantly, however, by claiming to have relied on the media for its information, the Foundation avoided constructing a version of events that critics might later construe as problematic (i.e., biased or even libellous).

conflicts, therefore, with the "more general jury verdict of negligence" (Bowman and Mertz, 1996: 563). Moreover, the jury foreman told Butler that the jury "did not believe, as Gary indicates, that these therapists gave Holly a wonder drug and implanted these memories" (Butler, 1994: 12). Both the Foundation and its legal spokesperson, however, portrayed it as such.

Butler's representation about the trial appeared in print in the widely read *Los Angeles Times* roughly five weeks after the jury delivered the verdict and national press coverage had subsided. It was considerably unique, therefore, in the timing of its appearance--Butler's was the single voice in the aftermath of the media furor. That is to say, Butler potentially had the final say on the course of events that occurred during the trial. In addition to the all-important timing, the content of her article differed from the Foundation's and most media reports in the following regard. Butler included in her article how Holly's testimony (on behalf of her therapists) detailed the nature and timing of her memories prior to the sodium amytal interview. Holly stated, for example, that:

> I'm the one telling him [Gary Ramona] he abused me. He insists that it's everybody else talking. No matter how much I say it, he still insists that I'm not reporting the events to him. I wouldn't be here if there was a question in my mind. I know my father molested me (Butler, 1994: 36; see also, Butler, 1995: 26).

Moreover, Butler questioned the value of old home movies shown by Ramona's attorneys (featuring the Ramona children with smiling faces) in determining Holly's allegations of abuse (Butler, 1994: 14). In a retrospective article, Butler

revealed that she had resisted the tendency of the Foundation, most reporters, and the general public to view and represent the trial as a struggle between father and daughter with a "reckless therapist breaking up a family" (Butler, 1995: 27). Consequently, she saw Gary Ramona as a wealthy, powerful patriarch using the legal system in his attempt to silence Holly's first words of resistance against his control over her (Butler, 1994: 27; see also, Bowman and Mertz, 1996: 565, 633, 637).

3.5 Discussion

The inclusion of a legal section in Foundation newsletters indicates that the organization began engaging another front to support its claims (and its membership of allegedly wrongfully accused parents). That is to say, the organization broadened the scope of the debate beyond the application of scientific findings about adult memory for childhood trauma to include the question of therapists' legal responsibility to both their clients and the families of the clients. The inclusion of a legal section in the Foundation newsletters appears to indicate that the debate about repressed memories might enter courts of law.

This movement beyond the scientific to the legal arena brought into question the responsibility of therapists not only to their patients but also to the clients' families, as exemplified by the *Ramona* trial. This third-party suit challenged traditional legal approaches that, with few exceptions until now, granted only clients/patients the legal right to sue caregivers for negligence

(Appelbaum and Zolteck-Jick, 1996). Although *Ramona* holds no precedential value even in California, it created a new legal category for third parties to the therapeutic relationship previously unprotected by laws. This category established social space in the legal arena for the playing out of new power relations.

Following the decision in *Ramona*, the Foundation reprinted in its newsletter twenty-six headlines from news items that were "not a random sample, but reflect[ed] what arrived in our mail" (FMSF, 1994c: 6). From that statement, one can see that the Foundation continued to appeal to the self-image that it had constructed as a scientific organization that employed unbiased methodology. A conflicting image of the organization that also emerged during this period is of one that began assuming more of an advisory role toward its membership, rather than an impartial scientific observer of a phenomenon. Certainly, one may construe informing members that legal recourse "may be the only option" (FMSF, 1994b: 1) as such. Moreover, one may interpret its list of headlines (with citations) as a bibliography of recommended, if not required, reading.

The period immediately following *Ramona* provoked great anxiety for therapists and the mental health professional associations about impending lawsuits (Bowman and Mertz, 1996: 591).[42] Increasingly after 1994, the

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[42]Indeed the proliferation of publications about the convergence of memory about abuse, therapy, and law written by clinicians after the *Ramona* trial testifies to this anxiety. See, for example, Alpert, 1995; Pezdek and Banks, 1996; Pope and L.S. Brown, 1996.

Foundation began relying on courts of law to rule on therapeutic practice. Indeed, a newsletter included a statement that sounds like a call to arms:

> There is still need and opportunity for professional organizations to improve monitoring to make a serious effort to determine which therapies are safe and effective, to establish policies for introducing innovative therapies, and to review educational programs at both certification and continuing education levels. If they don't, others will do it for them (FMSF, 1995d: 2).

Early in 1995, the Foundation expanded its social role to include certification and continuing education for mental health professionals within its mandate.

Meanwhile, therapists and mental health professional associations drew perhaps some small measure of comfort from the fact that *Ramona* probably never will be appealed and establish a legal precedent (Appelbaum and Zoltek-Jick, 1996: 462). Indeed, some lawyers recommended that the courts avoid this course of action on the grounds that the courts are ill-equipped to operate "as translators of the intricacies of therapeutic knowledge" (Bowman and Mertz, 1996: 638). Simons revealed, however, that the issue of acceptable therapeutic practice had begun to divide the legal profession when he stated:

> [m]any lawyers around the country now feel that the door is open to seek truth and redress in our court system for the unscientific and negligent conduct of some therapists (FMSF, 1994d: 15).

One may wonder whether the Foundation considers itself to be the organization that eventually will determine what constitutes acceptable therapeutic practice.

The following chapter will examine the construction of two widely prevalent portrayals of therapists and how these images underlined the Foundation's increasingly loud demands for professional monitoring of mental health practitioners.

Chapter Four

4.1 Introduction

During 1994, several reader-accessible publications portrayed therapists as incompetent or abusive practitioners who either disregarded client well-being (Dawes, 1994; Loftus and Ketcham, 1994; Ofshe and Watters, 1994; Wakefield and Underwager, 1994) or operated on the basis of "myth" (Yapko, 1994: 20). The Foundation announced the imminent release of two of these books (Loftus and Ketcham 1994; Ofshe and Watters, 1994) with the following statement: "[a] number of new books are about to appear that expose the cruelty and the pseudoscience of recovered memory therapy" (FMSF, 1994e: 2). Indeed, one book contained a strongly-worded description of therapy as "the brutalization of patients" (Ofshe and Watters, 1994: 13) while another portrayed recovered memory therapy as "magic" (Wakefield and Underwager, [1994] 1995: 31).[43]

During 1995, increasingly negative portrayals of therapy/therapists emerge in Foundation newsletters and in a television documentary (*[PBS]*, 1995b). I shall explore the construction processes involved with two prevalent images of therapists that emerged during 1994 and 1995 and discuss how these portrayals underscored the Foundation's demands for mental health practitioners to improve their standard of practice.

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[43]Dawes, Loftus, Ofshe, and Wakefield are members of the Foundation's Scientific and Professional Advisory Board. Recall from chapter one that Underwager resigned from the Board following the interview that he and his wife and colleague, Hollida Wakefield, gave about the benefits of pedophilia to the Dutch journal, *Paidika: The Journal of Pedophilia*.

4.2 Images of Therapists

4.2.1 Deluded Practitioners

Perhaps the strongest contributor to the image of therapist as deluded practitioner was a quantitative survey reported in a reader-accessible book called *Suggestions of Abuse: True and False Memories of Childhood Sexual Trauma* (Yapko, 1994). The author, Michael Yapko,[44] derived his conclusions regarding therapists' beliefs (which apparently shape practice) from a 1992 survey of his colleagues in the United States. Yapko's study consisted of two questionnaires which he formulated and administered--the *Memory Attitude Questionnaire* and the *Hypnosis Attitude Questionnaire*.[45] According to Yapko, the purpose of the

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[44]Yapko, Ph.D., is a clinical psychologist, marriage, and family therapist. He also is a "recognized expert on suggestibility, memory, brief therapy, and the clinical uses of hypnosis" (Yapko, 1994: coverleaf). The second edition of his book *Trancework* (1990), which is an introduction to the clinical uses of hypnosis, includes a special section called "Creating False Memories." In this section, Yapko explains how it is possible through hypnosis to induce someone to believe something that is patently untrue. The question remains whether it is appropriate to equate belief in an event with memory for an event.

[45]Respondents to the survey were "qualified professionals with advanced degrees" (Yapko, 1994: 50). The *Memory Attitude Questionnaire* listed a series of statements about aspects of memory. Respondents had options to agree or disagree (either strongly or slightly) with the statements. The responses to the four options would assess the "range and depth of therapists' understanding of the workings of human memory" (Yapko, 1994: 44)
--particularly as memory relates to treatment issues. Yapko received back 864 usable *Memory Attitude Questionnaires* (Yapko, 1994: 50). Similarly, the *Hypnosis Attitude Questionnaire* listed a series of statements about suggestibility and hypnosis. Respondents had the same options for recording their responses. *Hypnosis Attitude Questionnaire* responses (derived from 869 usable questionnaires) would measure therapists' views about hypnosis "as a method for retrieving memories and about the role of suggestibility in the therapy process" (Yapko, 1994: 45).

survey was to determine "whether therapists were thinking critically and in an informed manner [about] the roles of suggestion and memory in therapy, especially as they relate to repressed memories of sexual abuse" (Yapko, 1994: 20). In the book's preface, Yapko interpreted the responses to the questionnaires with this summary statement: "[i]t is not an exxageration to say that many therapists appear to practice their profession on the basis of sheer myth" (Yapko, 1994: 20; emphasis added).

Readers who choose neither to engage nor question Yapko's interpretation of the quantitative findings can put down the book without reading beyond page twenty and have a relatively concrete notion about how the discussion (supported by quantitative data) will proceed--Yapko will demonstrate the basis of the myth. It is worthwhile, therefore, to compare Yapko's interpretation and discussion of the survey findings with the data frequencies included in the appendices of the book to see whether the survey findings support Yapko's assertion that many therapists do, indeed, practice on the basis of myth. I will examine Yapko's interpretation and discussion of *Memory Attitude Questionnaire* data for two reasons. First, they appear to be related more closely to the central question Yapko investigated. Second, Yapko's interpretations and discussion of the *Memory Attitude Questionnaire* findings also are representative of how he derived conclusions from the *Hypnosis Attitude Questionnaire* data.

In order to aid discussion, Yapko divided the ten main items in the *Memory Attitude Questionnaire* according to three themes:

1. Therapists' attitudes regarding the nature of memory, specifically its

relative degree of both accuracy and reliability

2. Therapists' attitudes regarding the degree to which memory is affected by the defense mechanism of repression
3. Therapists' attitudes regarding the role memory plays in the therapy process (Yapko, 1994: 51).

In the discussion about the first category (the nature of memory) Yapko explained that an important issue in therapy is "[h]ow a therapist views memory...[because it] plays a key role in determining his or her responses both to the clients' memories and to methods for retrieving and working with them" (Yapko, 1994: 51). Thus it would appear that majority responses to statements in this section would not only be more representative of respondents' views about memory--but also more statistically relevant to conclusions.

Yapko's discussion about responses to the statement "the mind is like a computer, accurately recording events as they actually occurred" (Yapko, 1994: 50-51) focused on how the extreme minority (rather the majority) among therapists view memory. His construction of the significance of responses to this statement is interesting because it underlines the importance of attending to presence (inclusion) and absence (exclusion). Yapko reported that "one third of all respondents agreed" with the notion that the mind accurately records events like a computer. Moreover, Yapko reinforced the seeming importance of including this statistical finding in the discussion with a double emphasis: "about one in eight (12 percent) agreed strongly" (Yapko: 1994: 52). If readers are attending critically to the rhetorical use of quantification, then red flags should go

up in their minds about Yapko's double emphasis: he has reinforced for readers the importance of this finding--but, at best, it may be unimportant. That is to say that the more significant finding would seem to be how the majority of therapists responded rather than the minority to this crucial issue (see below).

One must turn to the appendices to read the relevant statistical data relating to the statement "the mind is like a computer." The data frequencies in Appendix B indicate that 200 (25.5%) respondents disagreed slightly and 349 (40.4%) respondents disagreed strongly with the statement about the mind being like a computer (Yapko, 1994: 231). Yapko thus amplified one finding at the expense of muting another.

Similar amplifications of responses occur with respect to other statements in the survey. A finding that Yapko states is "in direct contradiction to one of the most basic and well-known facts about memory" concerns "[a]bout one in ten therapists" who believe that "memory is not significantly influenced by suggestion" (Yapko, 1994: 52; emphasis added). While 10% probably is significant about a basic fact, we discover upon turning to the appendix that 2% of respondents agreed strongly and 7.6% of respondents agreed slightly with the statement. Essentially, Yapko collapsed the responses from those who agreed strongly and those who agreed slightly to derive the 83 (out of 838[48] or 10% or 1 in 10) therapists who do not know the basic fact about suggestive influence on

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[48]Twenty-six (3%) of therapists chose not to respond to this statement. These 26 should be excluded from the analysis, hence, the total number (n) of respondents for this question is different than the total n (864) responding to the *Memory Attitude Questionnaire* survey.

memory. One might inquire what the remaining 90% of therapists believe about the influence of suggestion on memory--and about whom Yapko is silent. Indeed, 294 (34.0%) respondents disagreed slightly while 461 (53.4%) respondents disagreed strongly with the statement--indicating that the majority of therapists (87.4% or about 8 in 10) disagreed and, therefore, are aware about the influence of suggestion on memory.

Yapko also collapses the values and hence, the distinction between therapists who agreed either strongly or slightly with the statement about repression. Hence, he was able to conclude that "[n]early six in ten respondents agreed [with the statement about] 'events that we know occurred but can't remember are repressed memories--i.e., memories that are psychologically defended against'" (Yapko, 1994: 52). Once again, Appendix B reveals that 21.6% agreed strongly with that statement (Yapko, 1994: 231). The other 37.7% who agreed slightly may indicate that many respondents (over 1/3) are aware of the difficulties involved with the concept of repression.[47] Including, therefore, those who agree slightly among those who agree strongly creates one group--those who agree. This construction, however, portrays an image of agreement or even certitude among respondents that goes beyond the purpose of the

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[47]It should hardly be surprising that therapists would be uncertain about the concept of repression since laboratory and clinical scientists have been debating and trying to demonstrate the existence of the phenomenon. Although results of a U.S. national survey indicate that therapists consider scientific findings valuable to their practice, the difficulty lies in translating scientific findings into clinical practice when patients present symptoms that can only be explained in terms of repression (Beutler, Williams, P. Wakefield, and Entwistle, 1995).

measures or, for that matter, the survey. (Perhaps the 2.1% who chose not to respond to this statement were wisest). It is worth repeating, therefore, the purpose of the survey, which Yapko articulated as "want[ing] to find out whether therapists were thinking critically and in an informed manner" about repressed memories of sexual abuse (Yapko, 1994: 20). Indeed, by amplifying the responses of respondents who appeared not to be thinking critically, Yapko muted the respondents who indicated in their responses that they were thinking critically by taking into account the subtleties involved with issues that seem not to be clearly demarcated into absolutes that agree/disagree responses might measure.

On the basis of his interpretation of the survey findings, Yapko's assessment about the mythic or deluded beliefs held by many therapists is hardly incorrect (Yapko, 1994: 20). If anything, this study points to the subtleties involved in interpreting quantitative data creatively and the rhetoric of quantification involved in such interpretations. A more representative interpretation, however, about the beliefs held by therapists and how such beliefs may affect their treatment of patients might include a qualifier about the majority of therapists--those whom Yapko muted or excluded from his interpretations of the survey findings. Yapko concluded, however, that therapists' beliefs exert a "powerful influence" (Yapko, 1994: 20) on patients who then come to believe that they had been abused. A critical review of Yapko's study, however, pointed out that he did not elaborate how adult memories for childhood sexual abuse arise in therapy on the basis of therapists' beliefs (D. Brown, 1995: 62). This review also

highlighted the logical fallacy in Yapko's findings: "the fact that suggestibility effects *can* occur in psychotherapy does not mean that they *necessarily* occur" (D. Brown, 1995b: 66; emphasis in original). Moreover, the critical review raised the important issue that researchers have not yet conducted studies about the effect of suggestion on memory in the psychotherapeutic context (D. Brown, 1995a; 1995b).

Despite significant problems with Yapko's conclusions, a Foundation newsletter stated that his research made "it hard to argue with the facts which he presents" (FMSF, 1994c: 12). Moreover, the reviewer uncritically portrayed the survey as if Yapko had based the findings on "more than one thousand therapists" (FMSF, 1994c: 12). Most importantly, the reviewer claimed that what Yapko "reports makes it clear as to why he is so concerned (and perhaps why society should be concerned, too) about the ignorance many therapists display concerning client suggestibility" in the psychotherapeutic context (FMSF, 1994c: 12). The survey, however, did not measure client suggestibility--only therapist's beliefs. It appears as if Yapko's findings fit well with the Foundation's contention about the potential harmfulness of therapy. Indeed, if many therapists were practicing on the basis of belief in myth, then according to the Foundation the "13,000 complaints" about therapy or therapists must have some substance (FMSF, 1994c: 1). Again, Yapko did not demonstrate how his survey findings about therapists' beliefs translated into memories for childhood sexual abuse arising during therapy (D. Brown, 1995b: 62). Certainly, the manner in which Yapko muted some findings in order to amplify others provided a basis for the

Foundation to question the efficacy of therapy when "so few 'treatments' have been validated" (FMSF, 1994f: 2).

4.2.2 Perpetrators and Abusers

The Foundation, however, does not deny that therapy may benefit people. A newsletter stated, for example, that "[t]herapy can help people. That is not in dispute" (FMSF, 1994f: 3). The Foundation considers, however, that "any tool or technique that is powerful enough to help is also powerful enough to harm" (FMSF, 1994f: 3). Indeed, a newsletter used the increasing numbers of retractors and reunited families as evidence that "the perpetrators and abusers were careless mental health professionals" (FMSF, 1995d: 2). A 1995 Public Broadcasting Service (PBS) *Frontline* documentary, "Divided Memories," provided support to the Foundation's claim about the potential for harm in therapy and bolstered the notion of careless counselors as perpetrators and abusers.

Ofra Bikel, who produced the documentary,[48] claimed that the show would portray a balanced examination about false memory.[49] PBS also announced in a press release that the documentary:

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[48]Bikel is an award-winning journalist and documentary filmmaker. For "Divided Memories," she spoke to patients, therapists, and families during the course of the year she spent investigating therapy and the theory of repressed memory (*Frontline*, 1995: 1).

[49]Indeed, working plans for the show proposed coverage of "'Jennifer [Freyd's] story [which] is that of a sensitive young woman whose private and sexual boundaries were crossed and re-crossed by her family.'" For reasons of privacy, however, Jennifer Freyd chose to decline Bikel's request to film her (J. Freyd, 1995).

> examines the complicated issue of repressed memory. The program asks tough questions about what we know about memory and the way it works and takes a serious look at what we know about how therapists access this provocative information in order to help their patients (PBS, 1995a: 1).

What requires examination is how the Foundation constructed the image of the show as an unbiased portrayal of therapy.

> The Foundation stated that the documentary:
>
> provided a unique opportunity to examine the opinion and understanding of recovered/repressed memory therapy in a relatively systematic manner in a population that has no involvement with the Foundation (FMSF, 1995c: 3).

This statement implies that the show was unbiased because the Foundation had no input in the production of the documentary, when it had contributed substantially (see below). Indeed, the Foundation devoted part of two issues of its newsletters to review excerpts from media coverage about the two-part, four-hour show. The interpretive framework for the media reviews provided by the organization was that "the program offered equal opportunity to both sides. No review even hinted that there was any unfairness in this program" (FMSF, 1995c: 3). The question remains whether the Foundation considers the types of therapy recorded for the show as representative of the wider therapeutic community. Indeed, most viewers necessarily felt disturbed by the documentary's graphic presentation of therapists urging screaming patients to remember their abuse/rs. Certainly, media reviews consistently reflected discomfort with the portrayal of

violent abreations[50] occurring during therapy sessions. One must question, however, whether the Foundation considers the media to be well-equipped to assess the merits of the program regarding the issues it was purporting to clarify.

Examining the manner in which the Foundation constructed its review of "Divided Memories" in one of the newsletters devoted to the topic reveals that from among forty possible news items, the organization selected five headlines to "tell their own story" (FMSF, 1995c: 3). I reproduce them here as they appear in the electronic edition of the newsletter:

> WHEN THERAPY IS THE DISEASE
> (*The Vancouver Sun*)
>
> REPRESSED MEMORY THEORISTS SELF-DESTRUCT
> (*Detroit News*)
>
> A TALE OF MANIPULATED MEMORIES
> (*The Indianapolis Star*)
>
> FRIGHTENING LOOK AT REPRESSION THERAPY
> (*The Washington Post*)
>
> GROWTH INDUSTRY: HELPING RECALL SEXUAL ABUSE
> (*The New York Times*)

Key words in the titles create images of therapy as "the disease"; "a tale"--that is, something less than credible; manipulative; frightening; and a "growth industry"

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[50]Abreaction is a psychological term that describes the free expression and release of pent-up affect. Ofshe and Watters (1994) have argued that therapists believe that abreaction is "beneficial and an effective way to treat patients" likening the process to "the unnecessary torture of vulnerable people" (Ofshe and Watters, 1994: 44). Ofshe and Watters's research about therapy relies, however, largely on extreme anecdotes for evidence to support their argument about the negative effects of therapy.

(FMSF, 1995c: 3).

The second headline, however, hints at a more nuanced understanding of Bikel's documentary that is aligned closer to the claim made by critics about the show being potentially damaging not only to the credibility of therapists but also to adult survivors of abuse (see below). The Foundation portrayed the media reviews to be "consistent in their view that the program was fair...and dismay at the therapy profession in general" (FMSF, 1995d: 3). The organization, however, excluded mention anywhere in its newsletters about its contribution to the production.

Several letters written to both Bikel and senior officials at PBS expressed disappointment with the documentary's portrayal of therapy (Barkhurst, 1995; Bass, 1995; L.S. Brown, 1995; Courtois, 1995; J. Freyd, 1995; Wm. Freyd, 1995a; Johnson, 1995; Quirk, 1995; Steed, 1995; Summit, 1995; van der Kolk, 1995). Sherry A. Quirk, Esq., who is President and General Counsel for the American Coalition for Abuse Awareness, criticized Bikel for the "biased treatment of issues surrounding the so-called 'false memory' controversy" (Quirk, 1995: 1). Quirk listed as evidence supporting her claim of bias the following: invasion of Jennifer Freyd's (and her family's) privacy by including copyrighted video and photographic materials without their knowledge or permission (see also J. Freyd, 1995; Johnson, 1995); leaving unchallenged Pamela and Peter Freyd's version of "their daughter's public accusation" (Quirk, 1995: 2); juxtaposing the Freyd parents' version of Jennifer receiving "bad therapy" with "the most extreme type of therapy that has ever been televised" (Quirk, 1995:

2);[51] leaving unchallenged the Freyd parents' assertion that accusations of sexual abuse result in losses of careers and jailterms; implying that therapy is where "false memories" arise (Quirk, 1995: 3); juxtaposing respected clinicians and researchers with images of questionable therapy; and, not investigating the impetus for the creation of the False Memory Syndrome Foundation (Quirk, 1995: 3).

William Freyd, who is Peter Freyd's brother, also criticized Bikel for "the severely biased presentation [she] made of the memory issue that Peter and Pamela [Freyd] created to deny their own difficult reality" (Wm. Freyd, 1995: 1). William Freyd also pointed out that the commentators for the documentary were highly respected therapists but "the therapists you [Bikel] presented as providers of therapy were clearly not in the mainstream" (Wm. Freyd, 1995: 1-2). Indeed, Bikel used voiceovers that made it seem as if the commentators approved the

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[51]In a letter to Ervin S. Duggan, who is President and Chief Executive Officer of PBS, Jennifer Freyd wrote: "It seems to be an example of exploitive and sensationalized journalism for PBS to use these pictures provided by my parents on national TV.... My children's privacy was invaded" (J. Freyd, 1995). Jennifer Freyd also addressed three relevant matters of public record that Bikel had not investigated:

> a) My own recovery of memories was not an example of therapy brain-washing as I began to recover memories at home after my second session of therapy in which my therapist had simply asked me whether I had been sexually abused.
> b) I had always remembered many events of my father's sexualized behavior toward me but had not, previous to therapy, acknowledged them as problematic.
> c) I did not speak publicly about my personal situation until my parents were named and quoted in the national media as 'falsely accused.' When I spoke publicly for the first time it was 18 months after my parents had formed the FMSF and 24 months after my mother's Jane Doe article was first given to some of my colleagues by my mother (J. Freyd, 1995).

violent images of therapy appearing on the screen.

Therapists and memory scientists who had participated with the production were equally dissatisfied with the final product. One therapist criticized Bikel for the:

> sadly unbalanced portrayal of the work of therapists and the manner in which memory for trauma is addressed in therapy. It appeared as if you had searched for the most bizarre and extreme people you could find [including one woman's] memories of being stuck in a Fallopian tube (L.S. Brown, 1995: 1).

Another therapist expressed her disillusionment with the final product "because of the amount of time [she had] spent discussing issues and their complexity" (Courtois, 1995: 2) with Bikel. Similarly, Bessel van der Kolk, who is Associate Professor of Psychiatry and Clinical Director at Harvard Research Institute Trauma Center, expressed "deep regret that I helped you [Bikel] in your work" for the documentary (van der Kolk, 1995: 1). Van der Kolk's regret lay in the amount of time he had devoted to explaining the complexities involved with trauma and memory--none of which Bikel included in the documentary. A general consensus among the letters of protest was that the show had damaged not only credible therapists who work with survivors of abuse but also of having contributed further to the sexual victimization of children and adult survivors of childhood sexual abuse.

Indeed, if anything, then the documentary underscored the Foundation's claim that (at least some) therapists had engaged in substandard therapy.

Coupled with the findings about therapists' beliefs from Yapko's survey, the organization was able to claim concern "that all mental health professionals are being tainted because of the misguided practices of some. They are being tainted because the professional organizations have not disciplined those who fall below the 'standard of practice'" (FMSF, 1995d: 2). Therapists,[52] however, have adhered to a standard of care.

4.3 Informed Practice

Standard of care is a legal term invoked in malpractice suits that places the burden of proof on the plaintiff to demonstrate that an alleged substandard treatment directly caused harm. In the psychotherapeutic profession, the standard of care adheres to:

> evolving professional peer definitions of a standard established by expert testimony, by authoritative clinical-scientific literature, and also by regulatory and ethics guidelines. The standard of care for trauma treatment is defined by the evolving literature on diagnosis, as defined by the *DSM-IV*, and on trauma treatment written by trauma experts (D.

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[52]A note about terms is required. Clinical memory scientists write the literature addressing this standard. That is to say, not all therapists are clinical memory scientists (as Bikel captured so graphically on film). I repeat, therefore, the definition from chapter one: In addition to treating patients, clinical scientists (clinicians) also adhere to the principles of their professional associations. One of those principles includes advancing scientific knowledge. Consequently, clinicians report clinical findings in professional journals. This literature provides access to the therapeutic context and its associated standard of care.

Brown, 1995a: 16).[53]

Hence, it appears as if responsible clinicians already adhere to guidelines outlining appropriate clinical considerations. That is to say from a legal and ethical standpoint, clinical scientists keep abreast with new developments from both current research and the evolving standard of treating patients for trauma (D. Brown, 1995: 16; see also Singer, 1980: 372). We can access the guidelines for the practice of psychotherapy by reading clinicians' written accounts. Indeed, because the counselor-client relationship is privileged, it may be the only way to evaluate how responsible clinicians treat patients under their care.

Agreement exists among clinical scientists about stages of treatment associated with a phase-oriented treatment that incorporates sequencing and pacing to the patient's needs (Alpert, 1995; D. Brown, 1995a: 16; Courtois, 1996: 363; Herman, 1992; Pezdek and Banks, 1996; Pope and L.S. Brown, 1996: 129). Phase-oriented treatment is based on a consensus model in which both clinician and patient work toward beneficial solutions for the client. Moreover,

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[53]Nearly two decades ago, psychotherapist Jerome Singer wrote:

> The ethical practice of psychotherapy must reflect the current status of knowledge in those fields [psychology, behavioral and social sciences, and biological sciences]. The practitioner who has not examined recent developments in the research literature or who has not kept abreast of evaluation studies of various forms of treatment may well be violating a central ethic of the profession.... I'm arguing that psychotherapy is best understood as an application of available scientific knowledge. Psychotherapists must share a value presumption that knowledge about human behavior is susceptible to systematic inquiry through a variety of scientific procedures and that modifications both of theory and practice must reflect the most recent findings of empirical research (Singer, 1980: 372).

clear treatment objectives and strategies exist for each of the three stages: (1) stabilization; (2) systematic uncovering; and, (3) postintegrative relational and self-development, also called reconsolidation and reconnection (D. Brown, 1995a: 16; Courtois, 1996: 363-364; Pope and L.S. Brown, 1996: 129).

Stabilization establishes a therapeutic relationship. Establishing this relationship begins with the clinician's assessment of the patient, incorporation of a written treatment plan that includes treatment parameters, and informed consent. It involves helping the patient manage possibly intrusive symptoms with the clinician emphasizing safety, stability, personality functioning, and interpersonal relationships. Issues related to these conditions include the clinician: guiding the patient to develop coping strategies; stabilizing mood and personality issues; creating a support system outside therapy; and, resolving current difficulties--of which the most common include abusive relationships, addictions, self-injury, etc. (Courtois, 1996: 363-364).

Generally, clinicians report that the first stage takes a long time. Often, patients elect to discontinue treatment during this stage for various reasons, and they are free to do so. Inevitably, the patients are healthier and possess more personal and interpersonal resources than when they first began treatment (Courtois, 1996: 364).

During stage two--systematic uncovering--the clinician assists patients to gain a personal understanding of the developing narrative and the associated emotions. Clients acknowledge and integrate any traumatic material and affect at their own pace. Oftentimes, patients experience a sense of loss associated with

identifying personal betrayals. Most importantly, responsible clinicians do not instruct patients to search for more and more trauma, since the purpose is to get through this stage rather than to become fixated on it (D. Brown, 1995a: 16; Courtois, 1996: 364;).

In the third stage, variously called postintegrative relational and self-development (D. Brown, 1995a: 16) or reconsolidation and reconnection (Courtois, 1996: 364), patients (aided by clinicians) continue to develop positive self-images, interpersonal relationships--with the family of origin, colleagues, friends, intimate partners, and children--and, positive attitudes toward major life decisions (Courtois, 1996: 364).

It is worthwhile to compare phase-oriented treatment with a model proposed by the Foundation as a standard of practice that is based on the Mental Health Bill of Rights:

* the right to an individualized, written treatment plan, providing for periodic reassessment and revision;

* the right to know the objectives of a treatment, the possible adverse effects of treatment, and any available alternative treatments, services and providers;

* the right not to receive a mode or course of treatment in the absence of informed, voluntary and written consent;

* the right not to participate in experimentation in the absence of informed, voluntary, written consent;

* the right to appropriate protections in connection with one's participation

in an experimental treatment, including the right to a reasonable explanation of the procedure to be followed, the benefits to be expected, the relative advantages of alternative treatments, and the potential discomforts and risks;

* the right and opportunity to revoke one's consent to an experimental treatment;

* the right to freedom from restraint or seclusion;

* the right of a patient in a treatment facility to converse with others privately and to see visitors during regularly scheduled hours; if a treating professional denies access to a particular visitor, it must be for a specific, limited, and reasonable period of time, their denial must be incorporated into the written treatment plan and must include the reasons for such denial;

* the right, upon admission to a treatment facility, to be informed of the rights set forth above (FMSF, 1994a: 29).

Indeed, the parallels are striking in their similarity. Not surprisingly, therefore, clinicians who have followed the standard of care claim that the Foundation and its adherents either have failed to read or have ignored the standard of care in the "authoritative literature on trauma treatment" (D. Brown, 1995a: 16).

One outcome of this omission is that several popular books about false memories attributed their creation to the entire profession of psychotherapy. It becomes clear, however, to critics of this literature that the authors confounded clinical literature on trauma treatment with anecdotes from self-help literature (D.

Brown, 1995a: 16). Oftentimes, some of the reader-accessible books in support of the Foundation's claims become indistinguishable from one another because they reiterate the same anecdotes about bad therapy creating false memories (Loftus and Ketcham, 1994; Ofshe and Watters, 1994; Wakefield and Underwager, 1994). Clinicians state, however, that one positive outcome of the Foundation's claims about therapy as the site of false memory production is that clinicians have evolved a "better standard of care with respect to possibly traumatized patients" (D. Brown, 1995a: 16).

4.4 Discussion

> From the earliest days of its organization the Foundation claimed that: [f]amilies are being destroyed on the basis of memories recovered from hypnosis, sodium amytal, dream interpretation, trance writing and other similar techniques as well as from what are called 'body memories' that are supposed to be recovered with 'massage therapy' (FMSF, 1992b: 1).

Two years later, a Foundation newsletter signaled what might have appeared to be a discursive change in its claims about therapy. The organization stated that:

> [n]ot only is recovered memory therapy untested as to its effectiveness compared to doing nothing or compared with other techniques, there are reasons to consider that it is harmful. Some of these reasons are: the patient is not treated for the presenting problem; regression and abreactions carry known risks; severing a patient from a family support system is an extremely radical procedure; the scientific data on memory

> enhancement techniques is ignored. Recovered memory therapy is based on a highly controversial and unproved theory. It frequently relies on techniques such as hypnosis and sodium amytal in the misguided belief that accurate 'memories' can be recovered. Scientific evidence is abundant that this is simply not true. How could mental health care workers be so reckless? (FMSF, 1994c: 1).

These two accounts reflect the Foundation's evolving rhetoric about techniques that it claims psychotherapists use--and that contribute to the creation of false memories in therapy. This rhetoric often prompted clinicians to catalogue the claims (Enns, et al., 1995: 185) and make counter-claims in rebuttal by documenting "true stories of traumatic memories, lost and found" (Terr, 1994).

The Foundation's rhetoric drew support from popular reader-accessible literature and from television shows such as Ofra Bikel's documentary. Bikel's documentary provided the image for what the Foundation was claiming in words--substandard therapy can be harmful. The psychotherapies that Bikel portrayed, however, appear not to be mainstream--hence, the intense criticism from prominent clinicians. Nevertheless, the Foundation's claims had finally found a match with the images that Bikel's cameras had recorded in excruciating detail for viewing audiences. By focusing either on therapy as the site where patients created false memories, or on techniques (used individually or in concert), many viewers failed to recognize this important aspect about substandard psychotherapy that the Foundation had identified but not named.

Two prevalent images of therapists that arose during 1994 and 1995 were

'therapists as deluded practitioners' and 'therapists as perpetrators and abusers.' Both of these images provided support for the Foundation's claim about substandard therapy. I examined the construction processes of both of these images and explored how the Foundation drew support for its position from Yapko's conclusions and Bikel's documentary. Indeed, the organization's claims about therapy as the site of false memory creation were foundational to how Bikel portrayed therapy in the final televised product. The images of therapists as deluded practitioners or perpetrators and abusers, however, find support among the minority of therapists/clinicians. Comparing variability between claims and counter-claims magnified how the Foundation included and excluded from many possibile resources only those that supported its position about therapists creating false memories of childhood sexual abuse in their adult clients. The Foundation and some of its key Board members have used these examples of substandard therapy from a minority of practitioners as a paradigm with which to criticize the lack of a standard of practice in all therapy. Moreover, on the basis of the minority of therapists engaging in questionable practices, the organization raised doubt about the phenomenon of repression and memory for past trauma.

With these concerns in mind, the American Psychological Association (which is one of the professional association regulating mental health practitioners) convened a working party to research particular issues associated with adult memory of childhood sexual abuse that have gained currency since the Foundation began. One of the key findings of the Interim Report (APA, 1994) concerned the many unknown aspects about adult memory for childhood

trauma. The Final Report suggested directions for future research. In order to address the gap between clinical and laboratory findings, the Association suggested a more collaborative relationship among basic research, field research, and clinical experience (APA, 1995: passim). It appears, therefore, that the Foundation's claims about false memory syndrome served as a catalyst for at least one professional association to call for joint research between practitioners and theoreticians. Ironically, the Foundation catalyzed this dialogue even though it misrepresents scientific findings on suggestibility effects and the standard of therapeutic care--a standard that the majority of responsible therapists appear to honor.

Chapter Five

5.1 Summary

This analysis demonstrated how one organization, the False Memory Syndrome Foundation, constructed a highly public controversy out of the Freyd parents' personal experience of having their adult daughter, Jennifer, remember violations of sexual boundaries from her childhood (Doe [Freyd], 1991; Fried, 1994; J. Freyd, 1993, 1996; Stanton, 1997). I examined how the Foundation expressed its claim that therapy created an iatrogenic disease that it identified as the false memory syndrome. I also discussed how this claim resulted in controversy between laboratory and clinical memory scientists. The claims and counterclaims made by scientists about false memory syndrome concerned the applicability of laboratory research findings from memory for neutral events to memory for traumatic events that often arise in the clinical context.

The Foundation's claim about therapists' use of what it called questionable techniques that, in turn, resulted in false memory syndrome in patients spilled into courts of law, which I examined in the *Ramona v. Isabella* trial. The significance of *Ramona* was that it was the first suit based on the claim that therapists' owed a duty of care to third parties outside the previously protected therapist and patient relationship. Of greater significance is that *Ramona* unsettled therapists--resulting in greater caution concerning the treatment of survivors of childhood sexual abuse (Alpert, 1995; Pezdek and Banks, 1996; Pope and L.S. Brown, 1996; Scheflin, D. Brown, and Hammond, in press). Images of therapists as 'deluded practitioners' and 'perpetrators and

abusers,' however, underscored the Foundation's claim about therapy requiring a standard of practice. The literature about phase-oriented treatment apparently utilized by responsible therapists counterclaimed that a standard of care was in place.

5.2 Theoretical and Methodological Considerations

The theoretical framework of the sociology of scientific knowledge provided insights about the operation of social interests inside and outside sites of epistemological production and deconstructed the idea of scientific knowledge as disembodied knowledge (Shapin, 1995). The Foundation's claim, for example, about false memory syndrome offering an alternative hypothesis to repression theory resulted in clinical and laboratory memory scientists engaging in a heated debate--with each group offering what it claimed was incontrovertible evidence for and against false memory syndrome. I extended this theoretical framework to examine epistemic production about legal outcomes and therapeutic practice in order to demonstrate the operation of the Foundation's interests on the creation of knowledge in these sites.

Discourse analysis as method helped to underline how the Foundation constructed its claims about false memory and shaped public perception (knowledge) in the dissemination of information about the syndrome. Most importantly, this method enabled me to highlight the construction processes used in the production of both claims and counterclaims. Four aspects of discourse analysis guided my study and analsysis of the data: chronology and context,

variability, rhetorical organization, and the rhetoric of quantification.

Chronology and context are inextricably intertwined. It may be impossible to analyze the production of claims and counter-claims without attending to both the production of sequences of discourse in time and the context out of which discursive formations arise. Analyzing the data with this insight revealed the detailed organization of claims and counter-claims in ongoing sequence. Moreover, the analysis underscored the constructed nature of both claims and counter-claims.

Variability between and among accounts acted as a lever to gain access to construction processes invoked by claimants and counterclaimants. An important aspect of variability concerns the processes of inclusion (presence) and exclusion (absence).

The Foundation, for example, included and excluded findings from among available resources to further its claim about false memory syndrome resulting from therapist suggestion (and other techniques). The organization employed this selection and rejection process with scientific findings about memory, following the *Ramona* trial, and with therapy. Moreover, the Foundation's high social profile helped shape not only public perceptions about the claimed epidemic of false memories, but it also influenced the creation of new knowledge. Critics of the Foundation necessarily had to produce counterclaims in order to defend not only established knowledge but also to undermine the rhetoric employed by Foundation.

A careful study of the Foundation's newsletters underscored the necessity

of attending to rhetorical organization in its construction of knowledge claims. The newsletters, for example, create a unidimensional portrait of memory for trauma, litigation, and therapy that is inconsistent with the broader literature in these three areas. Most important about the Foundation is that it monitors its critics closely. The organization continues not to welcome criticisms and in the past has opposed dissemination of accounts that counter its view (D. Brown, 1996; Butler, 1995; Scheflin, D. Brown, and Hammond, in press; Stanton, 1997). Indeed, in 1996 I had an opportunity during a seminar presentation by Daniel Brown to address the issue of what seemed to be silence about false memories in popular reader-accessible literature written by clinical memory scientists. My question to Brown concerned why, except for one book (Terr, 1994), it appeared that the clinical memory scientists had not countered the popular reader-accessible accounts about false memory. During the seminar (held at the Grey Nun's Hospital in Edmonton), Brown informed the assembly about the Foundation's threatened legal action against the publisher if it printed the book he co-wrote. Consequently, the publisher withdrew and hence, the silence (D. Brown, 1996). Researchers need to be aware of such tactics of controlling the dissemination of scientific findings because those efforts inhibit knowledge.

Another important aspect of the claims construction process involved attending to the rhetoric of quantification in the Foundation's documentation of the false memory phenomenon. Initially, the Foundation relied extensively on this rhetorical device in order to establish credence for its claim about the existence of a false memory syndrome. Examining the Foundation's use of quantification

highlighted how the organization used unsound data gathering methodology to quantify the existence of false memories. Some adherents to the Foundation's position, however, uncritically employed the questionable data in order to portray false memory syndrome as a wide-spread social phenomenon (Goldstein and Farmer, 1992, 1993; Loftus and Ketcham, 1994; Ofshe and Watters, 1994). When critics of the Foundation countered with what they claimed were documented accounts of repressed memories, the Foundation dismissed the findings as anecdotes or unverifiable. Most importantly, the combination of the theoretical framework of the sociology of scientific knowledge and discourse analysis as method allowed me to probe beneath the Foundation's high profile public image as a scientific organization.

5.3 Conclusions

While the organization's Scientific and Professional Advisory Board confers scientific integrity upon the Foundation, I questioned the methods that the Foundation employed to maintain its credibility. One of the most important findings realized in this thesis about claims-making in the false memory debate is that the Foundation defies the basic scientific principles of reliability, validity, and generalizability. The Foundation imposed reliable test results obtained from one population to a second population (which is not valid)[54] and then generalized about the existence of a third population.

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[54]A narrow positivist definition of validity is whether a method measures what it intends to measure (Kvale, 1995: 21).

Another finding that this thesis realized concerns how the Foundation mixes science, questionable science, and advocacy. The organization's criticisms of substandard therapy were highly appropriate. The Freyd parents (as founding members of the Foundation), however, had a vested interest in diminishing social awareness about adult memories of childhood sexual abuse. The Foundation, therefore, either dismisses as anecdotal or disregards any kinds of evidence about corroborated memories. Consequently, Foundation literature reports nothing about either Frank Fitzpatrick or Ross Cheit--both of whom remembered their childhood abuse decades later and outside the context of therapy (see J. Freyd, 1996). The organization, however, cloaks the complex issues surrounding adult memory for childhood abuse in a rhetoric of science and widely disseminates its univocal position.

5.4 Significance of the Study

Apart from the false memory debate raging in the popular media and mental health professional and legal journals, there has not been a sociological analysis about how the Foundation managed to make a substantial social impact in a relatively short space of time. Sociologically, this thesis examined the construction processes involved in the Foundation's identification of a false memory syndrome and the resulting debate to reveal the organizational aspects of claims-making.

Most importantly, however, this study underscores the complexity and interrelationship of memory and history. I collected into one document the

disparate versions about the origins of the Foundation in order to document the organization's earliest social history (and impact). If this thesis is partly a social history, then it contains a record about the ascending power of one organization to define what counts and does not count as memory (and knowledge) for survivors of childhood sexual abuse. Moreover, the ascendancy of the Foundation may equally challenge current definitions of what does or does not constitute abuse--either against children or women. At a time when transnational and transcultural agencies are working toward identifying and eliminating abuse and abuses against human rights, the Foundation challenges one of the fundamental human rights--the right to speak about and against abuse(s) committed either in the past or in the present. Hence, social scientists need to maintain a critical eye toward the Foundation's social agenda.

5.5 Future Research: Emerging Themes

Because this thesis concerned itself mainly with the historical origins of the false memory debate from the earliest beginnings of the Foundation, it was necessary to set aside for future research several important themes that emerged from the data. Themes that I identified include exploring the similarities between the Foundation, the Committee for the Scientific Investigation of Claims of the Paranormal (CSICOP), and Skeptics' Society. The organizations adhere to a skeptical position that relies on empirical evidence to undermine pseudoscience and claims about paranormal phenomena. For a short time during 1994, the Foundation advertised upcoming CSICOP meetings in its

newsletters. Moreover, several Board members also belong to CSICOP.

In the current sociopolitical context, the Foundation signals a strong movement toward greater control over what some would consider to be strictly familial issues. While the Foundation appears to admit that instances exist of child abuse in the present and is "an unconscionable crime" (FMSF, 1992c: 1), I was unable to locate in its literature instances of the organization taking a position with respect to abuse in the past. By omitting mention of abuse in the past, the Foundation avoids adults who were abused as children--their adult daughter included. It almost appears as if the Freyds adhere to an ideal 1950s, Post World War II image of the family, where abuse seemingly did not occur.

Another important project, therefore, would examine the Foundation's disempowerment of adult women who remember their childhood abuse during therapy through its use of the rhetoric of science and power (Butler, 1995). Indeed, the entry of third-party claims in courts of law may be indicators of the silencing of not only survivors as a group (the majority of whom are women), but also of the increasing numbers of female therapists who provide social support to survivors. Essentially, the Foundation silences adult women's claims about sexual abuse. Michel Foucault makes this relation explicit in his concept of power-knowledge relations. According to Foucault, all cultural discourse (political, familial, analytic, etc.) involves a power struggle to develop unitary knowledge, which is disseminated throughout the culture as 'objective knowledge,' while other knowledges (or truths) are subjugated, dissociated, deviant, and not known. The dominant, unitary truths of a culture serve both to

constitute and create meaning and identity, while simultaneously subjugating, alienating, and disenfranchising other forms of discourse, as well as the persons who hold these forms of knowledge. From Foucault's perspective, therefore, all truth and knowledge is inherently political and imbued with power relations (Foucault, 1980).

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